

L05000091399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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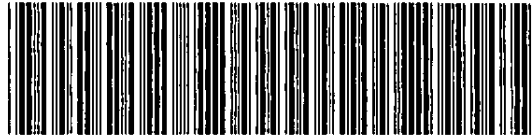
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EXAMINER



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FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUL 16 PM 6:04

Change of address

COVER LETTER

under: Registered agent name/address

thank you.

TO: Registration Section
Division of Corporations

SUBJECT: DONNA CARDellino, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 16 PM 6:04

DONNA CARDellino
Name of Person

DONNA CARDellino, LLC
Firm/Company

9113 Ridge Road, Ste # 36
Address

New Port Richey, FL 34654
City/State and Zip Code

northstardc@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA CARDellino, 813, 928-9125
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. Name of the limited liability company: DONNA CARDellino, LLC
- 2. (a) Principal office address of limited liability company: 9113 Ridge Road, Ste #36
New Port Richey, FL 34654
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: SAME AS ABOVE
(Note: MAY BE POST OFFICE BOX)
- 3. Date of filing/registration in Florida: 09/16/2005
- 4. Document number: L050000913990

FILED STATE DEPT. OF CORPORATIONS
SEP 16 PM

- 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: DONNA CARDellino
Registered Office Address: 9113 Ridge Road, Ste #36
New Port Richey, FL 34654
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Same
NEW Registered Agent: DONNA CARDellino
NEW Registered Office Address: 9113 Ridge Road, Ste #36
(MUST BE FLORIDA STREET ADDRESS) New Port Richey, FL 34654

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Donna Cardellino
Signature of a member or authorized representative of a member
DONNA CARDellino
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Donna Cardellino
Signature of Registered Agent