0500094369

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SECRETARY OF STATE AND A SHASSEE, FLORIDA

WS-96369



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2006

CARMEN TORRES 10213 FALCON MOSS LANE APT. 204 ORLANDO, FL 32832-5510

SUBJECT: A.C.T.F.O. LLC Ref. Number: L05000096369

We have received your document for A.C.T.F.O. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00043954

COVER LETTER

Division of Corporations		
SUBJECT: A.C.T.F.O. LLC		
(Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following: SECRETARY OF STATE TALLAHASSEE.FLORID	•
CARMEN L. TORRES	133. F	•
(Name of Person)	F STAT	
A.C.T.F.O. LLC	Dm +	
(Firm/Company)		
10213 FALCON MOSS LANE APT 204		
(Address)		
ORLANDO, FL. 32832-5510 ~		
(City/State and Zip Code)		
For further information concerning this matt		
CARMEN L. TORRES	at (407) 382-1087	
(Name of Person)	(Area Code & Daytime Telephone Number))
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
■\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

TO:

Registration Section

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. The name of the limited liability company is: A.C.T.F.O. LLC 2. The mailing address of the limited liability company is: 10213 FALCON MOSS LANE APT 204 ORLANDO, FL. 32832-5510 06/23/2006 L05000096369 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CARMEN L. TORRES Name 5206 RILEY LANE Address SPRING HILL, FL 34609 City, State and Zip 6. The name and address of the new registered agent and/or office: CARMEN L. TORRES Name 10213 FALCON MOSS LANE APT 204 Florida street address (P.O. Box NOT acceptable) ORLANDO 32832-5510 City, State and Zip 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. over (Signature of a member or authorized representative of a member) CARMEN L. TORRES (Printed or typed name of signee) 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 auties, 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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)