US 000100522

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
`		•
· (Do	cument Number)	
`	,	
Certified Copies	· .Certificates	s of Status
	-	-
<u> </u>		
Special instructions to I	Filing Officer:	1

Office Use Only



400156443844

06/04/09--01027--021 **25.00

SECRETARY OF STATE AND SECRETARY OF STATE

T. CLINE
JUN - 5 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAURCOM, 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:	
MAURICE W. PARKER Name of Person	
MAURCOM, LLC Firm/Company	
NEST PALM BEACH, FL 33411-9009	plices (
	1
City/State and Zip Code Month State and Zip Code Month State and Zip Code E-mail address: (to be used for future annual report notification)	*,
For further information concerning this matter, please call:	
MAURICE W. PARKER at (561) 790-2633 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 & 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: MAUR	com, LLC
2. (a) Principal office address of limited liability compa	my: MAURCOM, LLC
(Note: MUST BE STREET ADDRESS)	11031 515 COURT NORTH WEST PAUT BEACH, FL33411-9009
(b) Mailing address of limited liability company:	MAURCOM, UC
(Note: MAY BE POST OFFICE BOX)	11031 515 COURT NORTH WEST PAUN BEACH, FL 33411-9009
10-12-2005	L05000 100522
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	PARKER, MAURICE W.
Registered Office Address:	370 BUSINESS RABRUSIU. # 1/5 POUR PRUM BEACHEL SAL
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Parker Marking 19. 11031 SIST COURSETTONTH WEST PRUTT BEACH FL 33411
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office
CAROL PARKER	<u></u>
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any 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 MAURICE W. PARKER, PREGISTERED AGENT