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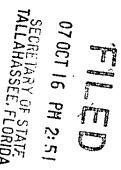
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lodestar Holdings, 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:
Jason Brodeur (Name of Person) Lodestar Holdings, LLC (Firm/Company) 400 S. Palmetto Ave. (Address) Sonford, FL 32771 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 963-9576 (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 \$\times \text{Certified Copy}\$

INHS18 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2007

JASON BRODEUR 400 S. PALMETTO AVENUE SANFORD, FL 32771

SUBJECT: LODESTAR HOLDINGS, LLC

Ref. Number: L05000105914

We have received your document for LODESTAR HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 407A000583

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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 liabi	lity company is: _	Lodesto	w Holdin	95 L	LC	
2. The mailing address of the lin			~ .	4 (Ave.	
-	Sanfe	and FL	32771			
October 31, 2005		, .	L05 000	1059	14	
3. Date of filing/registration in	Florida	$\overline{4}$.	Document nun	nber	•	
5. The name of the registered ag Florida Department of State:	_			on the re	cords of	the
3	Jonathan S 49 Gedsto Adhe Mary City, Ist	Name Ne Place Iddress G 224	د الم			
				SE TAL	07	
	iason Bro	deur		CRETAR LAHASS	00T 16	n =
	too 5. Palmida street address (I					
	Sanford City, Slat	FL 3)7' te and Zip	7	ADS.	<u>.u</u>	,
	or changes are mad gistered agent will onfirmed that the clability company or e limited liability consentative of a member)	le, the Florida be identical. hange(s) was as otherwise	a street address Or, in the case	of the re	gistered	office ted
(Printed or typed name of signee)						
I hereby accept the appointment comply with the provisions of all and I am familiar with and acce Chapter 508, F.S. Or, if this do address, I hereby confirm that the state of the confirm that the confirm that the confirm that the confirm that the confirmation is a state of the confirmation that the confirmation is	t as registered age l statules relative to pt the obligations o cument is being file he limited liability o	nt and agree o the proper of my position od to merely i company has	to act in this ca and complete po n as registered a reflect a change been notified in	pacity. erformar igent as in the ri i writing	I further ice of m provided egistered of this d	agree to y duties, d for in d office change.
(Signature of Registered Agent) Division of C	Corporations, P.O.	Box 6327, T	Γallahassee, FL	32314		

FILING FEE: \$25.00