## L05000114605

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(Address	)
(Address	)
(City/Stat	e/Zip/Phone #)
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SECRETARY OF SATIONS OF OR OF CORPORATIONS

- Hammton DEC 1 7 2007

## **COVER LETTER**

Division of Corporations
SUBJECT: Pau Hand Homes LLC (Name of Limited Liability Company)
(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:
(Name of Person)
(Alano di Paron)
Prou Hour Homes LCC
PAU HANA HOMES LCC (Firm/Company)
5301 AUBCADO AUF (Address)
(Address)
1
Cocoa, FL. 32926 (City/State and Zip Code)
(City/blate and 2.1) Code)
For further information concerning this matter, please call:
For further information concerning this matter, please can.
Loren B Love (22) 1-21 -37/3
Harson B. Kaneat (321)636-3763(Name of Person)(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
■ \$25 Filing Fee
KTI 422 I MILE I 40 COMMING COPY



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 3, 2007

GARSON B KANE 5301 AVPCADO AVE COCOA, FL 32926

SUBJECT: PAU HANA HOMES, LLC

Ref. Number: L05000114605

We have received your document for PAU HANA HOMES, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 607A00068226

## 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: Pau Hand Homes, LCC		•
1. The name of the limited liability company is: PAU HANA HOMES, LLC  COMPANY  2. The mailing address of the limited liability company is: THE COMPORATION 126	ol HE	145 ST
TALIAHASSEE, FL. 32301		<u>.</u> .
NOVEMBER 30, 2005 L05000114605		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State:	s of the	
THE COMPORATION SERVICE CO	m PAI	VY
Name		
1201 HAYS ST		
Address		
TALLAHASSEE, FL. 32301 US City, State and Zip	o	91
6. The name and address of the new registered agent and/or office:	O7 DEC	SECK SECK
GARSON B. KANE	3	HENT N
Name	1	825
5301 AVOCADO AVE COCOQ, FL. 32926	7	중유다
Florida street address (P.O. Box NOT acceptable)	ယ္	N A S
Cocoa FL 32926	친	2 <b>.</b> 2. 3.
City, State and Zip		-
If the limited liability company is not organized under the laws of the State of Florida, it is his	erehv	

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.

(Signature of a member or authorized representative of a member)

CARSON B. KANE
(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 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.

(Signature of Registered Agent)

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