

U5000118183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

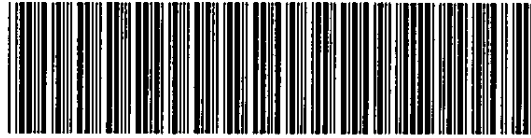
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schrittwieser Enterprises, 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:

Elaine Schrittwieser  
(Name of Person)

Schrittwieser Enterprises, LLC  
(Firm/Company)

4065B Village Drive  
(Address)

Delray Beach FL 33445  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Elaine Schrittwieser at (561) 637-6722  
(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  
-35 Already sent in  
\$25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2007

ELAINE SCHRITTWIESER  
4065 B VILLAGE DRIVE  
DELRAY BEACH, FL 33445

SUBJECT: SCHRITTWIESER ENTERPRISES, LLC  
Ref. Number: L05000118183

We have received your document for SCHRITTWIESER ENTERPRISES, 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  
Document Specialist

Letter Number: 507A0000441

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 liability company is: Schrittwieser Enterprises, LLC

2. The mailing address of the limited liability company is : 4065B Village Drive  
Delray Beach FL 33445

12/12/2005  
3. Date of filing/registration in Florida

L05000118183  
4. 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:

LAURA R. DUNLAP  
CORPORATION Name SERVICE COMPANY  
1201 HAYS STREET  
Address  
TALLAHASSEE, FL 32301  
City, State and Zip

6. The name and address of the new registered agent and/or office:

ELAINE SCHRITTWIESER  
Name  
4065B VILLAGE DRIVE  
Florida street address (P.O. Box NOT acceptable)  
Delray Beach FL 33445  
City, State and Zip

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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.

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

ELAINE SCHRITTWIESER  
(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.

Elaine Schrittwieser  
(Signature of Registered Agent)

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