

LD5000120047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

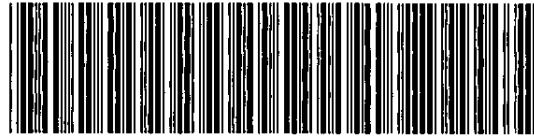
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

15

Office Use Only



60011190826

11/08/07--01019--018 **25.00

FILED
2007 NOV - 8 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ALL FLORIDA FIRM INC
813 Deltona Blvd, Ste A
Deltona, FL 32725
386-575-1180
Fax 386-845-9231

11/1/2007

A M TRIM SPECIALTIES, LLC
MATAMOROS, ALVARO D
1955 KIMLYN CIRCLE
KISSIMMEE FL 34758

Pursuant to your request we are attaching the change of registered agent form. Please sign the form and return it to this office immediately upon receipt.

If you return this form to this office there will be no need to pay the \$35.00 fee as this office will forward the fee to the Florida Division of Corporations.

Please mail it back to:

All Florida Firm Inc
813 Deltona Blvd, Suite A
Deltona, FL 32725

Sincerely,

A handwritten signature in black ink that reads "Devin Newman". The signature is written in a cursive, flowing style.

Devin Newman, Ext 103
386-575-1180

Re: Number 1137263

**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 M TRIM SPECIALTIES, LLC
2. The mailing address of the limited liability company is: 1955 KIMLYN CIRCLE
KISSIMMEE FL 34758
3. Date of filing/registration in Florida: 12/16/2005
4. Document Number: L05000120047
5. The name of the registered agent and the registered office as shown on the records of the Florida Department of State:

Name: MATAMOROS, ALVARO D
Address: 1955 KIMLYN CIRCLE
City, State Zip: KISSIMMEE FL 34758

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

Name: All Florida Firm Inc
Address: 813 Deltona Blvd, Suite A
City, State Zip: Deltona, FL 32725

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 the 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.

Alvaro Matamoros Date: 11/05/07
Signed by (Name) MATAMOROS, ALVARO, as MGR (Title)



Omar Botia
My Commission DD304310
Expires March 28, 2008

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 obligation of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Devin Newman Date: 11/1/07
Signed by Devin Newman as assistant secretary of All Florida Firm Inc, Registered Agent

2007 NOV - 8 PM 4:21:00
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

*** FILING FEE: \$25.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32310