## 105000/23113

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

T. CLINE

NOV - 7 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Nook & Tranny, LLC		
(Name of	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
BRENT S ZORN		
(Name of Person)		
NOOK & TRANNY, LLC (Firm/Company)	2000 NOV -6 I	1 3027A.V
(Simp Cranquiny)	HASS	Constant Sections
1440 CORAL RIDGE DRIVE BOX 220	mo ⇒	F. F.
(Address)		14E, 2F.
	AMIO: 3	
CORAL SPRINGS, FL 33071		
(City/State and Zip Code)		
For further information concerning this matte	er, please call:	
BRENT S ZORN	at ( 954 ) 651-4918	
(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	g amount:	
✓ \$25 Filing Fee	\$55 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. Na	me of the limited liability company: NOOK & TRA	ANNY, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 10871 NW 52ND STREET SUITE 5 SUNRISE FL, 33351	
<b>(</b> b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1440 CORAL RIDGE DRIVE BOX 220 CORAL SPRINGS, FL 33071	
12/28	/2005	L05000123113	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
	Registered Agent:	CORPORATION SERVICE COMPANY	*
	Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 33021	in Aris Pritt
<b>(</b> b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address: STATE 3	MARTIN B
	NEW Registered Agent:	STANLEY ZORN	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5505 RED OAK CIRCLE	
		TAMARAC,FL_33319	
that a office hereb liabili limite	limited liability company is not organized under the fiter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  The company of the company of the cay company of the cay company or as otherwise provided in the articles of liability company.  The cay company of the cay cay can be caused the cay can be caused to cause of the cay can be caused to caused the cay can be caused the cay can be caused the cay can be caused to caused	at address of the registered office and the business are of a Florida limited liability company, it is	
	IT S ZORN	•••	
I here compo am fa F.S. ( confir	d or typed name of signce)  eby accept the appointment as registered agent and a  ly with the provisions of all statutes relative to the pro  miliar with and accept the obligations of my position  Or, if this document is being filed to merely reflect a  m that the limited liability company has been notified  ture of Registered Agent)	agree to act in this capacity. I further agree to oper and complete performance of my duties, and is registered agent as provided for in Chapter 60 change in the registered office address, I hereby I in Writing of this change.	[ 8,

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