LOCOCCONOS

(Requestor's Name)
ERIK C. LARSEN, P.A. 243 W. Park Ave., Suite 201 Winter Park, Fl. 32789
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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 limit	ed liability compa-	ny is: ALANACO, LLC		<u> </u>
2. The mailing address of	of the limited liabil	ity company is :		·
5612 14th STREET WEST	Γ, BRADENTON, FL	. 34207		<u> </u>
01/04/2006		L06000000765		
3. Date of filing/registration in Florida		4. Document num	nber	,
• •	ered agent and the	registered office address as shown of		s of the
	243 W. PARK A	Name VE., STE 201	ga a see Million	
	WINTER PARK	Address	e	
6. The name and address	of the new registe	red agent and/or office:		•
	BARRY SMITH		. • ••	
14	5612 14th STRE	Name ET WEST Idress (P.O. Box NOT acceptable)	SECRETALIZATION TALLIZATION	NUL 30
	BRADENTON	FL 34207	SEE	5
	C	ity, State and Zip		里で
and the business office of liability company, it is he	change or changes of the registered age freby confirmed the mited liability com	nized under the laws of the State of Fare made, the Florida street address on twill be identical. Or, in the case at the change(s) was/were authorized pany or as otherwise provided in the ability company.	of the register of a Florida l d by an affirn	red affice limited native vote
(Signature of a member or autho	rized representative of a	member)		
BARRY SMITH				
(Printed or typed name of signee)			
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	nintment as register ns of all statutes re nd accept the oblig this document is b n that the limited li	red agent and agree to act in this ca clative to the proper and complete pe ations of my position as registered a eing filed to merely reflect a change ability company has been notified in	pacity. I furth erformance of igent as provi in the registe writing of th	her agree to f my duties, ided for in ered office iis change.
(Signature of Registered Agent)	Sall.	 .		

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