

FILED
Mar 14, 2007 8:00 am
Secretary of State

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DOCUMENT # L06000001968				Secretary of State	
1. Entity Name LAUS DEO, LLC		02-22-2007 90273 023 ***50.00			
Principal Place of Business 10859 EMERALD COAST PKWY., WEST #204-125 DESTIN, FL 32550		Mailing Address 10859 EMERALD COAST PKWY., WEST #204-125 DESTIN, FL 32550			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02122007 Chg-LLC CRZE083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 02-0766197	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTUFAR, APRIL 12489 STATE HWY 81 PONCE DE LEON, FL 32455				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOTRING, TERRY 2172 WEST NINE MILE ROAD #147 PENSACOLA, FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOTRING, JUNE 2172 WEST NINE MILE ROAD #147 PENSACOLA, FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: BY: 		02-16-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					