## L060WV10342

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**EXAMINER** 

## 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. liability company submits the following statement in ordagent, or both, in the State of Florida.	er to change its registered office or registered
1. Name of the limited liability company: HIGHLAN	
2. (a) Principal office address of limited liability compar	y: 688 LAKE BEHY DR.
(Note: MUST BE STREET ADDRESS)	LAKE PIACID, Fl. 33852
(b) Mailing address of limited liability company:	same
(Note: MAY BE POST OFFICE BOX)	
JAN. 24, 2006	L06000010342
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State
Registered Agent:	NICHOIAS C. WUNDER/ic/10
Registered Office Address:	688 LAKE BEHY DR.
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	•
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Ed Olivencia
NEW Registered Agent:  NEW Registered Office Address:	Ed Olivencia 131 mandolin DR
NEW Registered Agent:	Ed Olivencia
NEW Registered Agent:  NEW Registered Office Address:	Isl mandolin DR  Lawe flacid ,FL 3385Z  claws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote brwise provided in the articles of organization
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other	Isl mandolin DR  Lawe flacid ,FL 3385Z  claws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote brwise provided in the articles of organization
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00