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(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:							

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COVER LETTER

TO: Registra Division	ntion Section n of Corporations	•					
SUBJECT:	CROSS	Shee (Name of Li	Tme imited Li	TAL ability Con	LL npany)	С	_
Dear Sir or Mad	dam:						
The enclosed R	egistered Agent/I	Registered Of	fice Cha	nge and fee	(s) are sul	omitted for	filing.
Please return al	l correspondence	concerning th	his matte	r to the foll	owing:		
GARY	(Ross (Name of Per	son)					
_CROSS	SheeT (Firm/Compa	METAL ny)		<u>LC</u>			
<u>21 S</u>	OUTH OR (Address)	live					
<u>Ke</u> y	LARG 0 (City/State and Z	FC.	33	037			
For further info	rmation concerni	ng this matter	r, please	call:			
	(Name of Person)		at (<u>30</u>	9 <u>5</u>) <u>4</u> (Area C	75 ⁻ 3 -	- <u>523</u> aytime Telep	ohone Number
Registrat Division Clifton E 2661 Exe Tallahas	ecutive Center Circ see, Florida 32301	cle		MAILING Registration Division of P.O. Box 63 Tallahassee	Section Corporation 327	ons	
Enclose	ed is a check for	tne ioilowing	g amoun	l;			

\$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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.

agent, or both, in the state of Florida.					
1. The name of the limited liability company is: <u>CROSS</u> SheeT me	IAL LLC				
2. The mailing address of the limited liability company is: 21 South D	RIVE				
Key LARgo, FL. 33037	•				
1-4-07					
	4. Document number				
5. The name of the registered agent and the registered office address as shown on the Florida Department of State:	ne records of the				
GARY CROSS Name					
Address					
21 South Drive Address Key Largo FL. 33037 City, State and Zip					
6. The name and address of the new registered agent and/or office:	O7. SEC				
Charles Tim Telford	FILED 07 JAN -8 AM 10: 12 SECRETAKY OF STATE FALLAHASSEE, FLORID				
Name 21 South DRIVE	FILED N-8 AM FIARY OF				
Florida street address (P.O. Box NOT acceptable)	9-81 6-81				
Key LARgo FL. 33037	ATE ORDE				
City, State and Zip					

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 a 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.

(Signature of a member or authorized representative of a member)

GARY CROSS

(Printed or typed name of signee)

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 statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)