## L06000012395

(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: A. LUNT			
APR 162008			
EXAMINER			

Office Use Only



400123027214

04/14/08--01038--014 \*\*55.00

2008 APR 15 A 10 06
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LEMMAN Family Em (Name of Limite	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
FREDERICK M, LEHMAN (Name of Person)	PILED  2008 APR 15 A 10: 06  SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Firm/Company)  1861 S,W, GTH TERRACE (Address)	A 10: 06  OF STATE FLORIDA
(Address)	
Plantation, FL 33317 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
(Name of Person) at (	(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 am	ount:
\$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.

agent, or both, in the state of Piortaa.			
1. The name of the limited liability company is: LEHMA	AN FAMILY E	WTERPRISE	s, LLC.
2. The mailing address of the limited liability company is :	129 N.W. 13	374 STREE	t, Suite D-Z
	Boca Rate	W, FL	33432
4/8/08	L06000	·	
3. Date of filing/registration in Florida	4. Document nu	ımber	
5. The name of the registered agent and the registered office Florida Department of State:			ls of the
White, Roward C	,	_	
5348 FIRST AVENY	E NORTH	ZS Z	
Address	77.0		77
	-, 337/6 /in		
6. The name and address of the new registered agent and/or	office:	15 SSE SSE	
or the name and address of the new registered agent and/or	office.	E 9 >	FILED
FREDERICK M. LE.	MANNE	- 101 P	O
Name  5348 FIRST AVENUM  Address  St. Petersum G, FL  City, State and Z  6. The name and address of the new registered agent and/or  Frederick M, Le,  Name  1861 S.W. GTTH TEX  Florida street address (P.O. Boy	222		
Florida street address (P.O. Box	NOT acceptable)	> 0	
·	• ′		
Plantation FL City, State and Zin	33317		
City, State and Zij	p		
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	iws of the State of orida street address cal. Or, in the case was/were authoriz wise provided in the	Florida, it is less of the registe of a Florida ed by an affir he articles of o	hereby ered office limited mative vote organization
Signature of a member or authorized representative of a member)			
FREDERICK M. LEHMAN			
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my pos. Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this c per and complete j ition as registered ely reflect a chang has been notified	apacity. I fur performance of agent as prove e in the regist in writing of t	ther agree to of my duties, vided for in tered office his chänge.
(Signature of Registered Agent)			

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