Loloco 27505

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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DIVISION IN PH 2: 29

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Landmark Holdings LLC (Name of	f Limited Liability Company)		
(
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concernin	ng this matter to the following:		
	,		
Doodnauth Theodore			
(Name of Person)			
Landmark Holdings LLC			
(Firm/Company)			
11324 Torchwood Court			
(Address)			
Wellington Florida 33414	·		
(City/State and Zip Code)			
For further information concerning this ma	atter, please call:		
Dandaryth Thandara	at (561) 371-9155		
Doodnauth Theodore (Name of Person)	at (561) 371-9155 (Area Code & Daytime Telephone Number)		
(Name of Ferson)	(Area Code & Dayume Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the follow	ring amount:		
\$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.

1. The name of the limite	d liability comp	oany is: Landn	nark Holdings LLC		<u> </u>
2. The mailing address of	f the limited lial	oility company	/ is : 11324 Torchwood 0	Court	·
Wellington, FL 33414					
Troinington, 12 00-11-		,			••
03/15/2006 L0600		L06000027505			
3. Date of filing/registrat	ion in Florida		4. Document nur	mber	
5. The name of the register Florida Department of		he registered o	office address as shown	on the records of the	
•	Doodnauth T	heodore	•		
		Name	•	•	
1253 Tangelo Avenue					
Address		•			
	West Palm Be			-	
		City, State a	ind Zip		
6. The name and address	of the new regis	stered agent an	id/or office:		
	Doodnauth Th	neodore		.01	N S
		Name		07 NOV	SEC
	11324 Torchw			8	当台
	Florida street	address (P.O.	Box NOT acceptable)	5	건물글
	Wellington	FL	33414		
		City, State an	d Zip	.;	أ ع ــــــ
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement with the control of a member or author (Signature of a member or author)	hange or change the registered a reby confirmed nited liability cont of the limited	es are made, the gent will be in that the chang ompany or as of liability comp	ne Florida street address dentical. Or, in the case ge(s) was/were authorize otherwise provided in the	Florida, it is hereby of the registered office of a Florida limited and by an affirmative v	ote
Doodnauth Theodore					
(Printed or typed name of signee)					
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as regis is of all statutes d accept the ob this document is that the limited	stered agent as relative to the ligations of my being filed to l liability com	nd agree to act in this control of the complete proper and complete properties of the complete properties of the control of th	apacity. I further agi verformance of my du agent as provided fol e in the registered off n writing of this chan	ee to ties, r in ice ige.
- Inlast	1 hours				

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

(Signature of Registered Agent)