

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name . C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE TYRRELL, LLC

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EXAMINER

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Corporate Filing Menu

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3/23/2012 03/53/5015 10:10

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. Name of the limited liability company: TYRRELL, LLC	
2. (a) Principal office address of limited liability company	y: 819 LANDS END RD.
(Note: MUST BE STREET ADDRESS)	LANTANA PL 33462
(b) Malling address of limited liability company:	819 LANDS END RD.
(Note: MAY BE POST OFFICE BOX)	LANTANA FL 33462
03/16/2006	L06000028448
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Floride Deat of Buth.
Registered Agent:	NAPLES-LAWDOCK, INC.
registred Office Address.	1405 DANMINDO I AND CITYTE 100
	NAPLES FL 34109 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	W Registered Office address:
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	1200 South Pine Island Road
	Plantation ,FL 33324
If the limited liability company is not organized under the leant that after the change or changes are made, the F and the business office of the registered agent will be ident liability 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	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote.
Pierce Tyrreli	_
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company CT Corporation System Signature of Registered Agent	

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

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