## L06000035615

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duris V. Fakk Many)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



300096435263

04/12/07--01017--041 \*\*200.00

DIVISION OF CORPORATIONS

OF APR 12 PH 1:37

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Trembl (Name of Limite)	ay 2, LLC d 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 m	natter to the following:
Teves A MTrem (Name of Person)	
Occupany)	O7 APR 12
1646 35th Aug	PH 1: 31
Vero Beach FL 32 (City/State and Zlip Code)	960
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 Tallahassce, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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.

- ·	and the second s	
1. The name of the limited liability company is:	JT-Tremblay ?	DILL.
2. The mailing address of the limited liability compar	ny is: 5745 59th	BUR.
Vero Beach, FL	32967	•
3/30/07	LD40003	5615_
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the re	ecords of the
Corporation Se	noice Company	
1201 Hays	St.	
Talla hasser	ress FL 3230/ e and Zip	07 07
		SION OF CO
6. The name and address of the new registered agent a	and/or office:	2 PER
leresa M	Iremblay	PH PH
1646 35 Name	h ave	
Florida street address (P.C	O. Box NOT acceptable)	37 37
Vero Beach, FL	32960	_
City, State a	and Zip	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the re- identical. Or, in the case of a Floringe(s) was/were authorized by an	egistered office rida limited affirmative vote
Texes Am vemblay (Printed or typed name of signee)	·	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. he proper and complete performa my position as registered agent as to merely reflect a change in the i mpany has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.

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