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## **COVER LETTER**

_	tration Section ion of Corporations				
	·				
SUBJECT:	STLUCIEINLET.COM, LLC				
	(Name of Limi	nited Liability Company)			
Dear Sir or M	1adam:				
The enclosed	Registered Agent/Registered Offic	ice Change and fee(s) are submitted for filing.			
Please return	all correspondence concerning this	is matter to the following:			
THEODORE	J. HEINEMANN				
	(Name of Person)	2006 2006	ı		
FOX, WACK	TEEN, DUNGEY, ET AL.	SECRETA 2006 NOV -	لت		
	(Firm/Company)	——————————————————————————————————————			
3473 S.E.	WILLOUGHBY BOULEVARD	ANII: 47	U		
	(Address)				
STUART, F	TL 34994				
	(City/State and Zip Code)				
For further in	nformation concerning this matter, p	please call:			
Alice Lyc	ons at	772 287-4444 Ext. 205			
	(Name of Person)	(Area Code & Daytime Telephone Number	r)		
Regist Divisi Clifto 2661 1	CET/COURIER ADDRESS: tration Section on of Corporations in Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclo	osed is a check for the following a	amount:			
□\$2.	\$25 Filing Fee \$\times\$ \$55 Filing Fee & Certified Copy				

INHS18 (8/05)



RECD UCT 3 0 2006

October 25, 2006

THEODORE J. HEINEMANN FOX, WACKEEN, DUNGEY, ET AL 3473 SE WILLOUGHBY BLVD. STUART, FL 34994

SUBJECT: STLUCIEINLET.COM, LLC

Ref. Number: L06000035641

We have received your document for STLUCIEINLET.COM, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 806A00063424

2006 NOY -9 AM 11: 47

## 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 Cale a limite	A 1:-1::1:4	STULIC	TETNIET COM. TIC	
1. The name of the limited				
2. The mailing address of Stuart, FL 34997	the limited liabilit	ty company is	3565 S.E. St.	Lucie Blvd.,
4/6/2006		_	L0600003	
3. Date of filing/registrati	on in Florida		4. Document nun	nber
5. The name of the registe Florida Department of S		registered offi	ce address as shown o	on the records of the
•	Theodore J.	Heinemann		
	1100 S. Fede	Name ral Highway		
	Stuart, FL	Address 34994		
		City, State and	Zip	<b>.</b>
6. The name and address of	of the new register	ed agent and/o	or office:	2006 SEVIS
	Theodore J.	Heinemann		SECRET ORVISION O
	2472 0 7 17	Name		FILE FARY F CO
-	3473 S.E. Wi	<del></del>	ox NOT acceptable)	<b>₹</b> 300
		uress (F.O. De		D OF STATE AM II: 4
	Stuart ————————————————————————————————————	FL	34994	<b>2</b>
	Ci	ty, State and 2	Zip	
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreement (Signature of a member or authority)	the registered ages a the registered ages eby confirmed that ited liability computed the limited lia	re made, the Int will be ident the change(spany or as other bility compan	Florida street address tical. Or, in the case b) was/were authorize erwise provided in the	of the registered office of a Florida limited d by an affirmative vote
Theodore J. Heineman	nn			
(Printed or typed name of signee)			<del></del>	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address I hereby confirm (Signature of Registered Agent) Theodore J. Heineman		ed agent and lative to the prations of my printed to me printed to me printed to me pratical desired to me prompt and the compared to	agree to act in this ca coper and complete po osition as registered a erely reflect a change ny has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office a writing of this change.

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