L06000038034

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) LOL-38034 (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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Special Instructions to Filing Officer:	Certified Copies Cer	rtificates of Status	
Special Instructions to Filing Officer.			
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Office Use Only



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COVER LETTER

Division of Corporations			
SUBJECT: Printandwebsites.com, LLC (Name of Limited Liability Company)			
·	,		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please return all correspondence concerning this mate	ter to the following:		
R.J. Haughey, II, Esq. (Name of Person)			
Sivyer Barlow & Watson, P.A. (Firm/Company)			
100 S. Ashley Drive, Suite 2150			
(Address)			
Tampa, Florida 33602 (City/State and Zip Code)	·		
For further information concerning this matter, please	e call:		
R.J. Haughey, II at (81			
(Name of Person)	(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 amou	nt:		
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)



July 5, 2006

R.J. HAUGHEY, II, ESQ. 100 SOUTH ASHELY DRIVE SUITE 2150 TAMPA, FL 33602

SUBJECT: PRINTÁNDWEBSITES.COM, LLC

Ref. Number: L06000038034

We have received your document for PRINTANDWEBSITES.COM, LLC and your check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was completed.

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) 245-6067.

Letter Number: 706A00043578

Neysa Culligan Document Specialist

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 limit	ed liability company is: Printandwe	ebsites.com, LLC
2. The mailing address o	of the limited liability company is:	8413 Laurel Fair Circle, Suite 101,
Tampa, Florida 33610		
4/11/06		L06000038034
3. Date of filing/registra	tion in Florida	4. Document number
5. The name of the regist Florida Department of	rered agent and the registered office State: Spiegel & Utrera, P.A. Name 1840 SW 22nd Street, 4th F Address Miami, Florida 33145 City, State and Z of the new registered agent and/or R.J. Haughey, II, Esq. Name	FILED UG 28 PM 1: 50 AHA3SEE, FLORIDA AHA3SEE FLORIDA
	100 S. Ashley Dr., Suite 215	
	Florida street address (P.O. Box	-
	Tampa, FL 336 City, State and Zip	
confirmed that after the and the business office of liability company it is hof the members of the lior the operating agreement.	mpany is not organized under the la change or changes are made, the Flo of the registered agent will be identi-	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Glenn Pearson (Printed or typed name of signe I hereby accept the app comply with the provisio and I am familiar with a Chapter 608, F.S. Or i address, I hereby confir		gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

INHS18 (8/05)

(Signature of Registered Agent)