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## SPECTOR AND EDWARDS ATTORNEYS AT LAW A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

Michael Edwards, P.A.

Law Offices of Robert L. Spector, P.A.

10024 S. Federal Highway Port St. Lucie, Florida 34952 Tel: (772) 335-4949 Fax: (772) 335-7150

1263 East Las Olas Blvd. Ste. 204 Ft. Lauderdale, Florida 33301

Tel: (954) 764-2909 Fax: (954) 463-3813

Please Reply to: Port St. Lucie

November 1, 2007

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: St. Lucie County Warehosue, L.L.C.

Dear Sir or Madam:

Enclosed is the \$150.00 check along with the Limited Liability Company Reinstatement form the \$25.00 check along with the Statement of Change of Registered Agent form the \$25.00 check along with the Resignation of Managing Member form and the \$25.00 check along with the Articles of Amendment to Articles of Organization all for filing. g

If you have any questions, please feel free to call.

Very truly yours,

MICHAEL EDWARDS, P.A. Edwards (KM)

Michael Edwards

ME/km

## **COVER LETTER**

Division of Corporations						
SUBJECT: St. Lucie County Warehou (Name of		ility Company)				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	Office Chang	e and fee(s) are sub	mitted for filin	g.		
Please return all correspondence concerning this matter to the following:						
Michael Edwards, P.A. (Name of Person)		_	2001 N SECRE TALLAH	الماس		
Spector and Edwards			2001 NOV -5 P SECRETARY OF S ALLAHASSEE, FL			
(Firm/Company)				M		
10024 S. Federal Highway			3: 38 STATE LORIDA	O		
(Address)			`			
Port St. Lucie, FL 34952				<i>,</i>		
(City/State and Zip Code)		_				
For further information concerning this mat	tter, please cal	1:				
Michael Edwards	at (_772	335-4949				
(Name of Person)		(Area Code & Day	time Telephon	e 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 followi	ng amount:		,			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy					

TO: Registration Section

## 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 limited	l liability company	is: St. Lucie County Wareh	nouse, L.L.C.
			ead Drive S.W., Vero Beach, FL 32968
05/15/06	<u> </u>	L0600004	 49795
3. Date of filing/registration			ent number
5. The name of the register Florida Department of S	red agent and the retate:	egistered office address as	shown on the records of the
	Mark Lees		
	1185 Buckhead D	Name rive S.W. Address	
	Vero Beach, FL		
6. The name and address o	f the new registere	d agent and/or office:	700 TAL
	Kurt Hair	·	Z001 NOV
	21 NE 1st Court	Name	SS
	Florida street add	ress (P.O. Box NOT accep	otable)m
	Dania Beach Cit	FL 33004 y, State and Zip	ST 3 SRD 3 SRD 3
confirmed that after the ch	ange or changes ar the registered agent eby confirmed that ited liability compa t of the limited liab	t will be identical. Or, in the change(s) was/were author or as otherwise provide ility company.	tate of Florida, it is hereby address of the registered office he case of a Florida limited athorized by an affirmative vote ed in the articles of organization
Mark Lees (Printed or typed name of signee)	<u>.</u>		
	ntment as registere s of all statutes rela l accept the obligat its document is bei that the limited liat	d agent and agree to act in tive to the proper and com tions of my position as regi ng filed to merely reflect a bility company has been no	this capacity. I further agree to plete performance of my duties, stered agent as provided for in change in the registered office tifled in writing of this change.

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

ignature of Registered Agent)