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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Framing Crews LLC (Name of	Limited Liability Company)
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
Wand	la Schmitz	
	(Name of Person)	SECRETARY OF STATE TALLAHASSEE, FLORID
Frami	ing Crews LLC	AFRE IV.
	(Firm/Company)	
		FE S
1248	North Crest Circle	TATE O
	(Address)	P —
Eustis	FI 32726	
	(City/State and Zip Code)	· ':,
For fur	ther information concerning this mat	tter, please call:
Wanda	a Schmitz	at (352) 357-3958
	(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	ing amount:
	\$25 Filing Fee	

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.

agent, or both, in the St	ale of Fioriaa.			
1. The name of the lim	ited liability company is:	Framing Crews LLC		
2. The mailing address	of the limited liability cor	mpany is: 1248 North Crest Circle, Eu	ustis FI 32726	•
June 27, 2007		L06000054941		•
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regist Florida Department of		ered office address as shown on the	records of the	
•	Wanda Schmitz			
		Name	07 JU SECSITALLA	
	Eustis, FL 32736	Address State and Zip	07 JUL -2 SECRETARY (FALLAHASSEE	
6. The name and address of the new registered agent and/or office:		•	PH 1:0	
	Wanda Schmitz		Zm 2	
	N 1248 North Crest Circle	ame e		
	Florida street address	(P.O. Box NOT acceptable)		
	Eustis	FL 32726		
	City, Sta	ate and Zip	_	
confirmed that after the and the business office liability company, it is to f the members of the lor the operating agreem	change or changes are ma of the registered agent will pereby confirmed that the	nder the laws of the State of Florida ide, the Florida street address of the l be identical. Or, in the case of a Florida street authorized by an as otherwise provided in the article company.	registered office lorida limited n affirmative vote	
Wanda Schmitz				
(Printed or typed name of signe	•			
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or i address I hereby confir	ointment as registered agons of all statutes relative and accept the obligations of this document is being film that the limited liability	ent and agree to act in this capacity. to the proper and complete perform of my position as registered agent a led to merely reflect a change in the company has been notified in writir	I further agree to ance of my duties, is provided for in registered office ng of this change.	
(Signature of Registered Agent	And I			

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

INHS18 (8/05)

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