•	•	S.

66000055296		
(Requestor's Name) (Address)	000081055200	
(Address) (City/State/Zip/Phone #)	10/24/0601042019 **140.00	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 2006 NOV -9 PM 12: 52 SECRETARY OF STATE TALLAHASSEE.FLORIDA	
Special Instructions to Filing Officer:		
Office Use Only	vole,55294	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 25, 2006

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

SUBJECT: ALL KINDS OF FENCING, LLC Ref. Number: L06000055296

We have received your document for ALL KINDS OF FENCING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been med and is being returned for the following correction(s): and is being returned for the following correction(s): ਨੁ

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline **Document Specialist**

Letter Number: 506A00063430

52

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ALL KINDS OF FENCING, LLC

(Name of Corporation)

DOCUMENT NUMBER: L06000055296

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

THEODORE J. HEINEMANN

(Name of Contact Person)

FOX, WACKEEN, DUNGEY, et al (Firm/Company)

3473 SE WILLOUGHBY BOULEVARD (Address)

STUART, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

ALICE LYONS

(Name of Contact Person)

at (<u>772</u>) <u>287-4444 EXT 205</u> (Area Code & Daytime Telephone Number)

2006 NOV - 9 PH 12: 52

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 liability company is: <u>All Kinds</u> of Fencing, LLC

2. The mailing address of the limited liability company is : 1608 S.E. Village Green Drive,

Port St. Lucie, FL 34952

5/30/2006

3. Date of filing/registration in Florida

L06000055296

2 Ł ف

PH 12:

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Theodore J. Heinemann

Theodore J. Heinemann		
Name		
<u>1100 S. Federal Highway</u>		
Address		
Stuart, FL 34994		
City, State and Zip		

6. The name and address of the new registered agent and/or office:

Theodore J.	Heinemann
3473 S.E. Wi	Name illoughby Boulevard
Florida street address (P.O. Box NOT acceptable)	
Stuart	34994 FL
(City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ATHORIZES REA

(Signature of a member or authorized representative of a member)

Theodore J. Heinemann

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address I hereby confirm that the limited liability company has been notified in writing of this change. E

(Signature of Registered Agent)

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