

L06000058080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

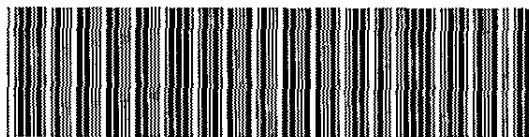
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06 AUG 18 PM 3:44

10B

July 26, 2006

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Change of Address for Registered Agent
LRCP 7-1 LLC
Document # L06000058080

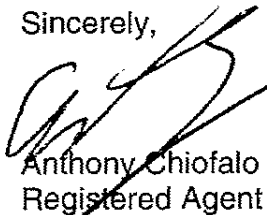
Dear Sir or Madam:

I, Anthony Chiofalo, Registered Agent for the above referenced company,
request that my address for service of process be changed to the following:

Anthony Chiofalo
14400 Covenant Way
Bradenton Florida, 34202

Thank you in advance for your time and consideration.

Sincerely,



Anthony Chiofalo
Registered Agent

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