




**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000063651</b>		<b>Feb 11, 2008 08: Secretary of S</b>	
<b>1. Entity Name</b> ESSE LLC			
<b>Principal Place of Business</b> 546 TOULOUSE DR PUNTA GORDA, FL 33950		<b>Mailing Address</b> 546 TOULOUSE DR PUNTA GORDA, FL 33950	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01192008No Chg-LLC CR2E083 (12/07)	
		<b>4. FEI Number</b> 20-5108888 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STRANG, OLSEN & LYNCH, CPAS PA 103 W MARION AVE PUNTA GORDA, FL 33950		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		DATE: 02/19/08-80049-013 138.75	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> RINEHAMMER, EILEEN N 546 TOULOUSE DR PUNTA GORDA, FL 33950		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>			
<b>SIGNATURE</b> 		DATE: 2/08/08 94/639-1339	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	