## L06000075471

(Requestor's Name)			
(Address)	80		
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)	04		
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

A. LUNT

APR 22 2008

**EXAMINER** 

Office Use Only



800123841968

04/21/08--01029--011 \*\*25.00

FILED

1000 APR 21 P 4: 27
SECRETARY OF STATE
ALLAHASSEE, FLORIF,

Config To 1

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LEFFERT Co.  (Name of Limite	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Charles Schwson (Name of Person)	7008 AP
RIAlock, WALTERS, HELD. (Firm/Company)  P.O. Box 469	FILED  SECRETARY OF STATE ALLAHASSEE, FLORID
P.O. $Box 469$ (Address)	
Brade NtoN, Flor 174. 342, (City/State and Zip Code).	06 - 0469
For further information concerning this matter, ple	ase call:
(Name of Person) at (	(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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## الأعوالمانا

## 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 State	of Florida.		, to our lead the real	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	033700		
1. The name of the limited	d liability company	is: <i>LEF</i>	FERT C	ONSU	LTIN	19	
2. The mailing address of the limited liability company is: 4817 Commonwealth Roal							
Palmetto, EL	3427-1						
			1 - 1 - 2 -				
27 / 31 \ \(\sigma \) \(\sigma							
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:							
	Coaporation 1201 Hays	Service	Company	_			
	L	Name	4	_			
	1201 17095	Stace	<u> </u>	_			
	Tallahass	Address					
	Cit	ty, State and 2	L 32301-3	<u>₹</u> 5.	20		
2 m 1 11				L CR	<b>8</b>		
6. The name and address of	of the new registered	agent and/or	office:	HAT	PR	4	
	Charles	Lohnson	<b>≘</b> A.	SECRETARY LLAHASSEE	APR 21		
•	Charles 801 11th Stres	Name		OF STATE E. FLORIDA	T	M	
				FL(S)	Ū	O	
	Florida street addr	ess (P.O. Box	NOT acceptable)		₩ 2		
•	Brakenton	FL	34205	A	.نـــ		
•	City	, State and Zi	p				
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.  MULTMBA							
Signature of a member or authorize	zed representative of a mer	mber)	- '				
(Printed or typed name of signee)	A. LEFFER	7	-				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm		l agent and as live to the pro ons of my pos og filed to men ility company	gree to act in this coper and complete partition as registered rely reflect a change has been notified in	apacity perform agent a e in the in writi	. I furti ance of as provi e registe ng of th	her agree to my duties, ided for in ered office is change.	
(Signature of Registered Agent)	<u>`</u>						
Division	n of Corporations,	P.O. Box 632	27, Tallahassee, Fl	L <b>3231</b>	4	•	

**FILING FEE: \$25.00** 

INHS18/(8/05)