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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T E D

COVER LETTER

TO:	Registration Section					
	Division of Corporations		.0			
	Division of Corporations					
SUBJ	SUBJECT: Lee & Associates 008, L.L.C					
Name of Limited Liability Company						
	. Taille Of L		Entonity Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered C	office C	hange and fee(s) are submitted for filing.			
i iic ci	iciosca Registerea Agenta Registerea C	mice C	nange and ree(s) are submitted for filling.			
Please	return all correspondence concerning	this ma	tter to the following:			
	Robert A. Lee Jr.					
	Name of Person					
	l 0 A : - t 000 l l l	_				
	Lee & Associates 008, L.L.(
	Firm/Company					
	2686 Middle Country Rd.					
	Address					
	Addiess					
Lake Grove, NY 11755						
	City/State and Zip Code					
	·					
	robertaleeir@aol.com					
robertaleejr@aol.com E-mail address: (to be used for future annual report notification)						
	•					
For fu	rther information concerning this matt	ar nlan	ده ممال			
roi iu	ittici miormation concerning uns matt	ci, pica	se can.			
	—					
	Robert A. Lee Jr.	_ at (516) 903-6400			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		MAILING ADDRESS:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	Clifton Building		P.O. Box 6327			
	2661 Executive Center Circle		Tallahassee, Florida 32314			
	Tallahassee, Florida 32301					
	, 					
Enclosed is a check for the following amount:						
	Enclosed is a check for the following	ig aiii0	unt.			
	C \$25 Filing Foo		S55 Filing Fac & Contified Conv			
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy			

'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. Name of the limited liability company: Le	ee & Associates 008, L.L.C			
2. (a) Principal office address of limited liability company				
(Note: MUST BE STREET ADDRESS)	2666 MIDDLE COUNTRY RD. LAKE GROVE, NV 1795			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	2686 MIDDLE COUNTRY RD. LAKE GROVE INV 11755			
08/23/2006	L06000083696			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta				
Registered Agent:	Schutt, Darrin R ESQ.			
Registered Office Address:	1105 Cape Coral Parkway East Suite C			
	Cape Coral, FL 33904			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW Registered Agent</u> :	W Registered Office address: Robert A. Lee Jr.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1840 N. Tamiami Trail			
	North Fort Myers ,FL 33903			
If the limited liability company is not organized under the confirmed that after the change of changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Robert A. Lee Jr. Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my polypoteness, I hereby confirm that the limited liability company.	was/were authorized by an affirmative vote rwise provided in the articles of organization was a state of the			
Signature of Registered Agent				

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

INHS18 (05/08)