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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  JUN 1 9 2009  EXAMNER			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  JUN 1 9 2009	(Requestor's Name)		
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SECRETARY OF STATE ALLAHASSEE, FI ORIDA

FILED

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Danings Street, LLC  Name of Limited Liability Company	
DOCUMENT NUMBER: <u>160000888</u>	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Catherine D. Baker Name of Person	
Name of Person  Jemings Street, CC  Name of Firm/Company  Street  Street  ARETARITY  SECOND  TO STREET  TO STR	]
311 F Jennings Street  Address F 32301	
Tallahasser FL 32301 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cathorine Saker at (850) 227-9497 Name of Person Area Code & Daytime Telephone Number	
,	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### **MAILING ADDRESS:**

TO:

Amendment Section

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. Name of the limited liability company:	lings Street, LCC		
2. (a) Principal office address of limited liability comp	pany: Jennings Street, UC		
(Note: MUST BE STREET ADDRESS)	311 E. Jennings Street Talkharee, FC 32301		
(b) Mailing address of limited liability company:	Jennings Street GC		
(Note: MAY BE POST OFFICE BOX)	Jallahassee, FL Tallahassee, FL Tallahassee, FL		
9/11/06	160000 88 Z 88 T		
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		
Registered Agent:	James C. KittRV		
Registered Office Address:	311 F. Jennings Street		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Catherine D. Baker		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	311 E Jennings Street		
	Tallahassee ,FL 32301		
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be is liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization		
Printed or typed name of signee  I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, Thereby confirm that the limited liability com			
	•		

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

Signature of Registered Agent

## 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:	195 Street, LLC
2. (a) Principal office address of limited liability compan	y: <u>Francis Street, UC</u>
(Note: MUST BE STREET ADDRESS)	311 E. Johnings Street Talkhansee, FC 32301
(b) Mailing address of limited liability company:	Jennings Streng (CC
(Note: MAY BE POST OFFICE BOX)	Jollahasser, Frazzi
3. Date of filing/registration in Florida	4. Document number 82 00
5. (a) Registered Agent and Registered Office shown on	
	Tanas C Kap. A
Registered Agent:	311 - 3
Registered Office Address:	Tallaha 5500, FL 32301
·	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Catherine D. Baker
NEW Registered Office Address:	311 E Jannings Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 3230)
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compants of a member or authorized representative of a member.	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote brwise provided in the articles of organization
James C. Kittrell	·
Printed or typed name of signce	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my proceedings of the confirmation of the companies of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
organic or registered regent	

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