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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECH TARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Treasure Coast Local Ro (Name of Li	entals.Com, LLC mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are	submitted for filing.
Please return all correspondence concerning t	nis matter to the following:	
Thoodone 1 Heimman		
Theodore J. Heinemann (Name of Person)		
Fox, Wackeen, Dungey, Et al. (Firm/Company)		SECRE SECRE
3473 S.E. Willoughby Boulevard		FA CHOF C
(Address)		A TOP
Stuart, FL 34994		84:111
(City/State and Zip Code)		& 73
For further information concerning this matte	r, please call:	
Alice Lyons		<u>Ext. 205</u>
(Name of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	n ations
Enclosed is a check for the following	; amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2006

THEODORE J. HEINEMANN FOX, WACKEEN, DUNGEY, ET AL 3473 SE WILLOUGHBY BLVD. STUART, FL 34994

SUBJECT: TREASURE COAST LOCAL RENTALS . COM, LLC

Ref. Number: L06000088980

We have received your document for TREASURE COAST LOCAL RENTALS. COM, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 806A00063425

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. The name of the limite	d liahility com	npany is: Treasure Coast Loca	al Rentals Com. IIC		
	•				
		ability company is: 3244 N.E. I	noily treek Drive.		
Jensen Beach, FL	34957				
9/11/2006		L0600008	38980		
3. Date of filing/registrati	on in Florida	4. Documer	nt number		
5. The name of the registe Florida Department of S	red agent and	the registered office address as sh	nown on the records of the		
- Contain Department of the Contain		J. Heinemann			
		Name	· 		
	1100_SF	ederal Highway Address	2008 NOV		
	Stuart, F	L 34994	85		
		City, State and Zip	TAFIL OF C		
6. The name and address of	of the new reg	stered agent and/or office:	⊆_m		
	Theodore	J. Heinemann	OF STATE APTICA APTICA		
		Name	84:		
,		Willoughby Boulevard			
Florida street address (P.O. Box NOT acceptable)					
	Stuart	FL 34994			
	ı	City, State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby					
of the members of the lim or the operating agreemen	the registered eby confirmed ited liability of the limited American	agent will be identical. Or, in the I that the change(s) was/were auth ompany or as otherwise provided I liability company.	case of a Florida limited norized by an affirmative vote		
(Signature of a member or authorize	zed representative	of a member)			
Theodore J. Heinem (Printed or typed name of signee)	ann		·		
-1/1/2·	ntment as regi s of all statute l accept the ol nis document i that the limite	stered agent and agree to act in the stretail of the proper and comploiting the strength of my position as registed to the filed to merely reflect a clip of the strength of t	his capacity. I further agree to lete performance of my duties, ered agent as provided for in hange in the registered office fied in writing of this change.		
(Signature of Registered Agent) Theodore J. Heinemann Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

FILING FEE: \$25.00