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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
• PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	.♣
	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	motter to the following
Trease return air correspondence concerning uns	matter to the following.
SANY S. HAYES (Name of Person)	
Flagler Beach Bart F TA	ckle UC
105 Eagle Harbon trail	
Palm Coast Cl. 32164 (City/State and Zip Code)	·
For further information concerning this matter, pl	lease call:
Sallus. HAYES at (386) 313-3408 Ha
(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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	10unt:
\$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.

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