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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

A. LUNT

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**EXAMINER** 



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

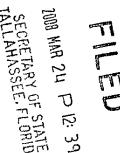


March 3, 2008

MICHAEL KRAMER 1374 SHADY KNOLL CT. LONGWOOD, FL 32750

SUBJECT: THE NUTTY PARTNERS, LLC

Ref. Number: L06000110695



We have received your document for THE NUTTY PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 708A00013174

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: THE NUTTY PARTNE (Name of Limited	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 matter to the following:							
MICHAEL KRAMER (Name of Person)							
THE NUTTY PARTNERS, LLC (Firm/Company)							
1374 SHADY KNOW CT. (Address)	MAR 24 F SECRETARY OF LLAHASSEE, I						
LONGWOOD FL 32750 (City/State and Zip Code)	P 12: 39 FLORIDA						
For further information concerning this matter, plea	ase call:						
MICHAEL KRAMER at (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 amount:							
\$25 Filing Fee	\$55 Filing Fee & Certified Copy						

•

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pนี้rsuant to	o the provision	ns of sections	608,416 or	608.508.	Florida	Statutes,	the undersign	ned limited
liahility coi	mnanv suhmits	s thë following	statement i	in order to	o change	its registe	ered office or	registered
agent, or bo	oth, in the State	e of Florida. 🖺	•		Ŭ	•		-

1. The name of the limited liability company is: THE NUTTY PARTNERS, LLC
2. The mailing address of the limited liability company is: 1374 SHADY KNOLL CT.
LONGWOOD, FL 32750
11-16-06 L06000110695
3. Date of filing/registration in Florida  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CORPORATION SERVICE COMPANY Name
1201 HAYS ST. Address
TALLAHASSEE F1 32301 City, State and Zip
6. The name and address of the new registered agent and/or office:
KELLEY, GOLDBERG LEACH + COHNEP. IT  Name  HTS MONTGOMERY PLACE  Florida street address (P.O. Box NOT acceptable)  ALTAMONTE SPRINGEL 32714  City, State and Zip
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.  (Signature of a member orauthorized representative of a member)
MICHAEL KRAMER  (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (8/05)