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Office Use Only

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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

JAN 3 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Raymond Wor (Name of Limited	Lee LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Raymond Us Lee (Name of Person)	
Raymond Was Lee L	<u>LC</u>
8456 NORTHLAKE PK	<u>:WY</u>
ORLANDO FL 3282 (City/State and Zip Code)	27
For further information concerning this matter, plea	se call:
Raymond W. Lee at (4) (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 amo	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 und liability company submits the following statement in order to change its registered of agent, or both, in the State of Florida.	fice or registered
1. The name of the limited liability company is: Raymond War L 2. The mailing address of the limited liability company is: 8456 NORTHL	ee CC
2. The mailing address of the limited liability company is: 8456 NORTHL	AKE PKA
OKLANDO FL 32827	
12/20/2006 4/06/00/12	1000
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 rec Florida Department of State: Raymond W. Lee Name	cords of the
6000 TURKEY LAKE RD STELO Address ORLANDU FC 328/9 City, State and Zip	DIVISION OB JAN
6. The name and address of the new registered agent and/or office:	TARNOF C
Raymond Wo Lee S456 NorthLAKE PKWY Florida street address (P.O. Box NOT acceptable)	ED OF STATE ORPORATION PM 2: 11
OKLANDO FL 32827	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the regard the business office of the registered agent will be identical. Or, in the case of a Flor liability company, it is hereby confirmed that the change(s) was/were authorized by an a of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company.	gistered office ida limited ffirmative vote
(Signature of a member or authorized representative of a member)	
Raymond W. Lee (Printed or typed name of signee) Managing Member	
I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performan and I am familiar with and accept the obligations of my position as registered agent as I Chapter 608. F.S. Or if this definition is being filed to merely reflect a change in the readyless. I hereby confirm that the limited tiability company has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.

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

Signature of Registered Agent)