## L0700003651

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ALLAHASSEE, FLORING

AL

## **COVER LETTER**

Division of Corporations	
SUBJECT: FLORIDA DIRECT LOAN LL	С
(Name of Co	rporation)
DOCUMENT NUMBER: L07000003651	
The enclosed Statement of Change of Registered Office	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
DUC H NGUYEN	
(Name of Con	tact Person)
FLORIDA DIRECT LOAN L	
(Firm/Cor	mpany) ASS
10306 STONE GLEN DR	ا ال يون
(Audr	
ORANDO FL 32825	38 DA
(City/State and For further information concerning this matter, please ca	•
DUC H NGUYEN	at (407 ) 738-2168 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departr	ment of State.
Mailing Address: 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

TO: Amendment Section



August 15, 2007

DUC NGUYEN 10306 STONE GLEN DR. ORLANDO, FL 32825

SUBJECT: FLORIDA DIRECT LOAN LLC

Ref. Number: L07000003651

We have received your document for FLORIDA DIRECT LOAN LLC and your check(s) totaling \$35.00. 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 of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 607A00049778

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FLORIDA DIRECT (Name of Limit	ted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this	matter to the following:	
QUANG NGUYEN (Name of Person)	·······	
FLOKIDA DIRECT LOAN (Firm/Company)	LIC_	200 SEL
10306 STONE GILFN DR (Address)		FILED  2001 AUG 24 P 3: 38  SECRETARY OF STATE ALLAHASSEE. FLORIDA
ORLANDO FL 32825 (City/State and Zip Code)		P 3: 38  OF STATE FLORIDA
For further information concerning this matter, p	lease call:	
DU NGUYEN at (Name of Person)	( <u>407</u> ) <u>738-21</u> (Area Code & Day	168 ytime 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 Corporation P.O. Box 6327 Tallahassee, Florida 323	ns
Enclosed is a check for the following an	mount:	
☐ \$25 Filing Fee	S55 Filing Fee & Ce	rtified 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.

1. The name of the limited liability company is	s: FLOKI	DA DIRECT	LOAN LL	<u>c</u> .
2. The mailing address of the limited liability of	company is: _			
10306 STONE GLEN DR OAL	ANDO F	L 32825		
01/10/2007			351	
3. Date of filing/registration in Florida		<u>L07000003651</u> 4. Document number		
5. The name of the registered agent and the reg Florida Department of State:	sistered office	address as shown or	n the records of	the
NGUYEN,	DAL Q Name	<del></del>		
14821 FAE	3FRGE Address	DR		
14821 FAE ORLANDO I	FL 3282 y, State and Zi	2 <u>8</u>		
6. The name and address of the new registered	agent and/or o	office:	200 SE TALI	
NGUYEN,  10306 STONE  Florida street addre  ORLANDO  City,	ess (P.O. Box l	NOT acceptable)	2001 AUG 24 P 3: 38 SECRETARY OF STATE ALLAHASSEE, FLOR DA	
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent valiability company, it is hereby confirmed that the first the members of the limited liability compan or the operating agreement of the limited liabil	made, the Flo will be identic he change(s) v ny or as otherw	rida street address o al. Or, in the case o vas/were authorized	lorida, it is hereb of the registered of a Florida limit by an affirmativ	office ted ve vote
Tac Aguyer (Signature of a member or authorized representative of a mem	.1>	•	·	
PAT NGUYEN  (Printed or typed name of signee)  I hereby accept the appointment as registered comply with the provisions of all statutes relation and I am familiar with and accept the obligation Chapter 608, E.S. Or, if this document is being address. I hereby confirm that the limited liability.		ree to act in this cap er and complete per tion as registered at ly reflect a change has been notified in	pacity. I further rformance of my gent as providea in the registerea writing of this c	agree to duties, I for in I office hange.
(Signature of Registace Agent)  Division of Corporations, I	 P.O. Box 632'	7, Tallahassee, FL	32314	

**FILING FEE: \$25.00** 

INHS18 (8/05)