12140000101

(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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G. MCLEOD

OCT 23 2008

EXAMINER



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SECRETARY OF STATES OF STATES OF SCREDE ATTOM

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: D'Lites of South Tampa	, LLC
	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:
	_
Elizabeth Chatman Thompson (Name of Person)	
,	
D'Lites of South Tampa, LLC	
(Firm/Company)	
105 S. Lincoln Ave.	<u> </u>
(Address)	
Tampa, FL 33609	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Elizabeth Chatman Thompson	at (813) 610-6618
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	I minimosoo, I louma 220 I'T
Enclosed is a check for the following	ng amount:
\$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.

 (a) Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>) 		E
	pany: 105 S. Linçoln Ave. Tampa, FL 33609	[
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	105 S. Lincoln Ave. Tampa, FL 33609	
1/12/2007	L0700004721	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of S	tate:
Registered Agent:	Corpdirect Agents, Inc.	
Registered Office Address:	515 East Park Ave	80 SIA
	Tallahassee, Florida 32301	
	 	
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office address:	동-
NEW Registered Agent:	Elizabeth Chatman Thompson	ŘÍTCEÁTII Am II : O I
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1906 S. Dale Mabry Hwy	
(MOST DE L'EORIDIT STREET ADDRESS)	Tampa,FL_3	33629
If the limited liability company is not organized under that after the change or changes are made, the Florida stoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member)	treet address of the registered office and ne case of a Florida limited liability comed by an affirmative vote of the member	d the business pany, it is rs of the limited
Elizabeth Chodmas Thonosis (Printed or typed name of signee) I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been noticed.		4-

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