## LD7000009244

(Requestor's Name)  (Address)					
(Address)	600161115306				
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL			10/09/0901019020 **470.00		
(Business Entity Name)			e or the growth of a participal of exercise control of the growth of the		
(Document Number)		•	, and the property of the prop		
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Special Instructions to Filing Officer:		•	A continue to continue to the second section of the section o		

L. SELLERS

OCT-1 2 2009

**EXAMINER** 

Office Use Only

## **COVER LETTER**

	Registration Section Division of Corporations	, š	
SUBJE	CT: Link	ksters Brandon, LLC	
	<del></del>	Limited Liability Company)	
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning th	nis matter to the following:	
	Tom Tyler		
· · · · · ·	(Name of Person)		
	Thomas C. Tyler, Jr., P.A.		
	(Firm/Company)		
	735 East Venice Avenue, Suite 200	0	
	(Address)		
	Venice, Florida 34285		
	(City/State and Zip Code)	<del></del>	
For furth	ner information concerning this matter	, please call:	
	Tom Tyler	at ( <u>941</u> ) <u>488-4422</u>	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
F I C 2	RETREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 1661 Executive Center Circle Callahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
F	Enclosed is a check for the following	amount:	
(Z	3 \$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.

in the State of Fiortaa.				
1. Name of the limited liability company:	Linksters Brandon, LLC			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 1911 W. Brandon Blvd Brandon, Florida 3351	1		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4538 McAshton Street Sarasota, Florida 3423	33		
1-25-2007  3. Date of filing/registration in Florida	L0700000  4. Document number	9244		
		de Dant of State		
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	Thomas C. Tyler, Jr., P.A.			
Registered Office Address:	981 Ridgewood Avenue, Suite 104 Venice, Florida 34285			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	V Registered Office a	ddress:		
NEW Registered Agent:	Thomas C. Tyler, Jr., P.A.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	735 East Venice Avenue, Suite 200			
	Venice	<b></b> ,FL <u>34285</u>		
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of amember or authorized representative of a member)	t address of the register ase of a Florida limited wan affirmative vote o	red office and the business I liability company, it is of the members of the limited		
Tom Elliott, Manager (Printed or typed name of signee)	_	-9		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	gree to act in this capa per and complete perf as registered agent as hange in the registered I in writing of this char	city. I further agree to commonce of my dispers, and I provided for the Chapter 608, a office address, I gereby		