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(Re	questor's Name))
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(Cit	y/State/Zip/Phor	ne #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RESULTS HERULES (Name of Limited)	CUSTER UC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
STEVEN H, JACKSON (Name of Person)	
(Firm/Company)	
8437 TUTTLE AVE, STE	406
SARASOTA, PL 34243 (City/State and Zip Code)	
For further information concerning this matter, please	se call:
STEVE JACKSUN at ()	(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 amou	ınt:
\$25 Filing Fee	S55 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.

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