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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Southern Shore Millwork, I (Name of	LLC 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	g this matter to the following:
Dennis W. Pollard	
(Name of Person)	
Southern Shore Millwork, LLC (Firm/Company)	07:
106 Harmon Drive	SEP 28 AHASSE
(Address)	
Blackwood, NJ 08012	PH 3: L
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
William J. Coyle	_at (856 ) 228-0001
(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	ng amount:
\$25 Filing Fee	<b>✓</b> \$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.

1. The name of the limited liability company is:	Southern Shore Millwork, LLC
2. The mailing address of the limited liability cor	npany is : 106 Harmon Drive, Blackwood, NJ 08012
February 9, 2007	L07000015497
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the
Dennis W. Pollard	
	Name
2321 NW 30th Place	
A	Address
Pompano FL 33069	
City, S	tate and Zip
6. The name and address of the new registered age	ent and/or office:
Dennis W. Pollard	
	ame
1830 2nd Avenue North	
Florida street address (	(P.O. Box NOT acceptable)
Lake Worth,	FL 33461
City, Sta	ate and Zip
If the limited liability company is not organized un confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the confirmed that the confirmed the members of the limited liability company of the operating agreement of the limited liability of the operating agreement of the limited liability of the limited liability of a member or authorized representative of a member)	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.
Dennis W. Pollard	
(Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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

(Signature of Registered Agent)