## LD700002364

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
,					
Special Instructions to Filing Officer:					
1 051 55					
L. SELLERS					
<b>,_</b>					

**EXAMINER** 

MAR 2 5 2008

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

## 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 l	iability company is: <u>Co</u>	ast to Coast	Signal	Engineer	ing, Ll
2. The mailing address of th	e limited liability compar	ny is: 4015	South	148th (	Street,
_	Omaha NE				
2-26-07		Lon	0000 3	2364	
3. Date of filing/registration	in Florida	4. Docume		1	•
5. The name of the registered Florida Department of Sta	te: Mark Roh	ioff	hown on the	records of the	;
	420 St. Joh	ns Gulf I	cire		
	420 St. Joh Addr St. Augustin City, State	ess E, FL 3 and Zip	2092	7A 20	
6. The name and address of t	he new registered agent a	nd/or office:		2008 MAR SECRET	· <del></del>
	Mark Rohle			AR 20 ETAR HASS	
	421 St. Name	n's Gulf	Drive	O AH	
F	lorida street address (P.O	•	,	<u> </u>	J
	St. Augustrais City, State a	R, FL 37	2092	[] [] [] []	
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereb of the members of the limite or the operating agreement of the confirmed agreement of t	ge or changes are made, to registered agent will be yeonfirmed that the chand liability company or as for the limited liability com	he Florida street ac identical. Or, in th ge(s) was/were aut	ldress of the r e case of a Fl horized by ar	registered off orida limited affirmative	vote
(Signature of a member or authorized	representative of a methodr)	<del>-</del>			. <del>-</del>
(Printed or typed name of signee)	10++				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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