

DOCUMENT# L07000030527

Entity Name: LEMBRICH FAMILY INVESTMENTS, LLC

Current Principal Place of Business:

235 N. LONGWOOD STREET
LONGWOOD, FL 32750

New Principal Place of Business:**Current Mailing Address:**

235 N. LONGWOOD STREET
LONGWOOD, FL 32750

New Mailing Address:

PO BOX 520986
LONGWOOD, FL 32752

FEI Number: 20-8686852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEMBRICH, MATT
235 N. LONGWOOD STREET
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

LEMBRICH, MATT
235 N LONGWOOD
LONGWOOD, FL 32750 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MATT LEMBRICH

10/29/2008

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEMBRICH, MATT
Address: 193 SUNNYDALE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LEMBRICH, SCOTT
Address: 219 S. ELESASSER STREET
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LEMBRICH, STEVE
Address: 2490 SPRING GARDEN AVE
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MATT LEMBRICH

MGR

10/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date