L07000051549

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Entitle Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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C. LEWIS

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EXAMINER

COVER LETTER

	TO: Registration Section Division of Corporations			
		omino Contracting LLC		
Name of 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	this matter to the following:		
	·	-		
	Brett Gelsomino			
	Name of Person			
	Gelsomino Contracting LLC	•		
	Firm/Company	<u>, </u>		
	002 Late Liby Dv. A415			
	903 Lake Lily Dr, A415 Address			
	Matthews El 20754			
Maitland, FL 32751 City/State and Zip Code				
	City/State and 2.1p code			
	brett gelsomino@gmail.com	0		
brett.gelsomino@gmail.com E-mail address: (to be used for future annual report notification)				
	For further information concerning this matt	er, please call:		
	Brett Gelsomino	at (561) 373-4300		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
	Enclosed is a check for the following	ng amount:		
	\$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.

1. Name of the limited liability company:	Gelsomino Contractir	ng LLC			
2. (a) Principal office address of limited liability comp	oany: 903 La	ke Lily Drive			
(Note: MUST BE STREET ADDRESS)	Suite A415 Maitland, FL 32751				
(b) Mailing address of limited liability company:	903 Lake Lily [Driving 5			
(Note: MAY BE POST OFFICE BOX)	Suite A415 Maitland, FL 32751	55			
May 15, 2007	L0700005	51549			
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Brett J. Gelsomino				
Registered Office Address:	6742 Forest Hill Blvd				
-	Suite 143 West Palm Beach, FL	33/13			
	vvoor am beagn, re	. 00+10			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	Brett J. Gelsomino				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	903 Lake Lily Drive A415				
MOST BETEORIDA STREET ABURESS	Maitland	"FL <u>32751 </u>			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member organization of a member					
Brett J. Gelsomino Printed or typed name of signee					
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, khereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent					
Signature of Registered Agent					

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

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