## 10000056253

(Requestor's Name)		
(Address)		
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D. BRUCE

JAN 11 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: De Santo, LLC Name of Limited L	iability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Keein Fitzsimmans Name of Person	<u>&gt;</u>		
Firm/Company		•	
PO. Box 3373		n j	
Address  Tompa FL 33601  City/State and Zip Code  Kifa manfitzbucan			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	call:		
Kevin titrilmmans at (8) 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 amoun	nt:		
\$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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	
1. Name of the limited liability company: <u>De Sarto</u> , L	16
2. (a) Principal office address of limited liability company	: 128 3e0 St 5
(Note: MUST BE STREET ADDRESS)	St. Pete, FZ 33701
(b) Mailing address of limited liability company:	128 3RD St S.
(Note: MAY BE POST OFFICE BOX)	St. Pete, FZ 33701
5/27/07	L070000 56253
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	San Heller
Registered Office Address:	721 First Ave N StiPetersburg FC 33701
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	V Registered Office address:  Fitzsimmons  102 W. White Street
(MÚST BE FLORIDA STREET ADDRESS)	# 201 Touga ,FL 33602
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the prembers of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  Matter J. J. L. L. Printed or typed name of signee  I hereby accept the appointment as registered agent and as	was/were authorized by an affirmative vote wise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, thereby confirm that the limited liability company	Sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	
Signature of Registered Agent	