## L07000056610

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PICK-UP WAIT MAIL						
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J. BRYAN

FEB - 5 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	•			
SUBJECT: Target Data Research LL	C			
	f 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 concernin	ng this matter to the following:			
Rebecca Rainwater				
(Name of Person)				
Target Data Research LLC		08 FEB -4	SEC	
(Firm/Company)		ά	돌쯤	
3982 Tampa Rd.		ė R	ARY OF	
(Address)		ထ္	SS	
Oldsmar, FL 34677		11:8	CORPORATIONS	
(City/State and Zip Code)	·····			
For further information concerning this ma				
Rebecca Rainwater (Name of Person)	at (813 ) 792-6200  (Area Code & Daytime Telephone N	Jumi	her)	
(Manie of Ferson)	(Area Code & Daytime Telephone I	<b>NUIII</b>	oci j	
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 follow	ving amount:			
<b>✓</b> \$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. The name of the limi	ted liability com	npany is: Targe	et Data Research LLC			
2. The mailing address	of the limited lia	ability compan	y is : <u>3982 Tampa Rd.</u>			
Oldsmar, FL 34677			<del></del>			
01/07/2008			L07000056610			
3. Date of filing/registration in Florida			4. Document r	number		
5. The name of the regis Florida Department o	tered agent and f State:	the registered	office address as show	n on the records of t	the	
-	Corporation	Service Con	npany			
		Nam	e		0	
	1201 Hays S			_ &	NS.	
		Addre	ess	, 833	OF CR	
Tallahassee, FL 32301						
		City, State	and Zip	<u>_</u>	825	
6. The name and address	s of the new reg	istered agent a	nd/or office:	<b>?</b>		
	Richard C. M	fillian	***	— ĕ	A A A A A A A A A A A A A A A A A A A	
	2000 -	Name		- 5	. OKS	
	3982 Tampa		- NOT 11	_		
	Florida stree	et address (P.O.	Box NOT acceptable	<b>:</b> )		
	Oldsmar	FL	34677			
		City, State at	nd Zip			
If the limited liability co- confirmed that after the and the business office of liability company, it is of the members of the li- or the operating agreement (Signature of a member or author)	of the registered ereby confirmed imited liability cent of the limited	agent will be in different wil	dentical Or in the ca	ise of a Florida limiti	ed	
Rebecca Rainwater						
(Printed or typed name of signe	e)			•		
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confir	ointment as regions of all statute and accept the oil this document this the limite	istered agent a s relative to the bligations of m is being filed to ed liability com	nd agree to act in this e proper and complete y position as registere o merely reflect a chan pany has been notified	capacity. I further of performance of my dagent as provided age in the registered in writing of this cl	agree to duties, for in office hänge.	
(Signature of Registered Agent)	)					

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