

DOCUMENT# L07000091668

Entity Name: COUNTY INVESTMENT COMPANY, LLC

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

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ECCLESTONE, LLWYD TRUSTEE
Address: 1555 PALM BEACH LAKES BLVD # 1100
City-St-Zip: WEST PALM BEACH, FL 33401 PB

I hereby 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: NANNETTE GAMMON

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03/11/2010

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