L07000104211

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T. HAMPTON

JUN 2 7 2008

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: COMO Holdings, LLC (Name of Corporation)		
DOCUMENT NUMBER: <u>L05000 4690 4</u>		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mitzi (PMOVICA (Name of Contact Person)		
CEMO Holdings, LLC (Firm/Company)		
708 Sprata St (Address)		
Venice FL 3475 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mitzi (PMOUICh at (94), 485-979) (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Alea Code & Dayting Telephone Number)		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 9, 2008

MITZI CEMOVICH 708 SERATA ST VENICE, FL 34285

SUBJECT: CEMO HOLDINGS, LLC

Ref. Number: L07000104211

We have received your document for CEMO HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 508A00035479

District of Comparations D.O. DOV 6227 Tellahogona Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

company submits the following statement in order to char in the State of Florida.	nge its registered office or registered agent, or both,
1. Name of the limited liability company:	Mo Holdings, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	VENICE FL 34285
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Vehice, PL 34285
3. Date of filing/registration in Florida	L 07000 10471
• •	
5. (a) Registered Agent and Registered Office shown on Registered Agent:	Law offices Robert L. Como
Registered Office Address:	0383 Jamiami Irail 5,
	-Venice, FL 3134293
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	. <u> </u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Law Offices of Robert L. Cemovich, P.A. — 1314 East Venice Avenue, Suite D — Venice, FL 34285 — —
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or/authorized representative of a member)	- .
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
Division of Corporations, P.O. Box FILING FEE	6327, Tallahassee, FL 32314 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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