L07100/122259

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

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SEGRETARY OF STATE
AND AHASSEE, FLORID.

D. BRUCE

FEB 2 1 2008

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUB	JECT:		Materials, LLC imited Liability Company)	
Dear	Sir or Madam:			
The	enclosed Registe	ered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Pleas	se return all corr	respondence concerning	this matter to the following:	
Pau	ıla T. Bradle	y, Paralegal	TP., C	
		(Name of Person)	08 FE	
Mc	Causland, K	(Firm/Company)	FEB 21 PM 2: 24 LAHASSEE. FLORID te 160	
259	N. Radnor-	Chester Road, Sui	te 160	C
		(Address)	DM F	
Rad		PA City/State and Zip Code)	19087	
For f	urther informat	ion concerning this matte	er, please call:	
Pau		y, Paralegal e of Person)	at (610) 341-1052 (Area Code & Daytime Telephone Nur	nber)
	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is	a check for the followin	g amount:	
	✓ \$25 Filing	g 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.

.,,	<i>3</i>				
1. The name of the limite	d liability company is:	Synthetic Materials, LLC	·		
2. The mailing address of	the limited liability cor	mpany is : 575 75th Avenue,	St. Pete's Beach, FL		
33706					
D		1.070004	22250		
December 6, 200		L07000122259			
Date of filing/registrati	on in Florida	4. Document num	ber		
5. The name of the registe Florida Department of S		ered office address as shown o	n the records of the		
•	CT Corpora	ation System			
		Name	O8 SE		
		ine Island Road	ARE ES T		
		Address	ATT OF THE PERSON		
Plantation, FL 33324 26 27 -					
	City, s	State and Zip	TOP 3 IN		
6. The name and address of	of the new registered ag	ent and/or office:	D 2:2 FLOR		
	John Gl	lasscock	일본 수		
		lame	,ı.)		
575 75th Avenue					
	Florida street address	(P.O. Box NOT acceptable)			
St. Pete's Beach FL 33706					
	City, St	tate and Zip			
confirmed that after the cl and the business office of liability company, it is he	the registered agent will reby confirmed that the nited liability company at of the limited liability	<u> </u>	of the registered office of a Florida limited I by an affirmative vote		
(Printed or typed name of signee)	Ebss 0	رك			
` ''	intment as registered ag is of all statutes relative d accept the obligations has document is being f that the limited liability	gent and agree to act in this cap to the proper and complete pe to my position as registered a lied to merely reflect a change y company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.		
	on of Corporations, P.C	D. Box 6327, Tallahassee, FL	32314		

FILING FEE: \$25.00

INHS18 (8/05)