

L07000123535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

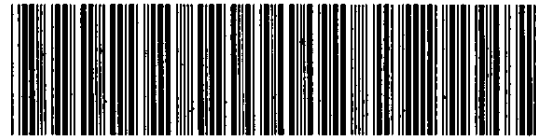
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP -2 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & S TRADING ENTERPRISE,LLC
(Name of 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 concerning this matter to the following:

RAJNARAYAN SOOKRAM
(Name of Person)

S & S TRADING ENTERPRISE,LLC
(Firm/Company)

13427 meadow pointe court
(Address)

orlando florida, 32824
(City/State and Zip Code)

For further information concerning this matter, please call:

RAJNARAYAN SOOKRAM at (407) 704-4111
(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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2008

RAJNARAYN SOOKRAM
13427 MEADOW POINTE COURT
ORLANDO, FL 32824

SUBJECT: S & S TRADING ENTERPRISE, LLC
Ref. Number: L07000123535

We have received your document for S & S TRADING ENTERPRISE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current Registered Agent and address must match our records.(see printout)

Please return 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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 308A00047098

**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. Name of the limited liability company: S & S TRADING ENTERPRISE, LLC

2. (a) Principal office address of limited liability company: 13427 meadow pointe court
(Note: **MUST BE STREET ADDRESS**) orlando florida, 32824

(b) Mailing address of limited liability company: 13427 meadow pointe court
(Note: **MAY BE POST OFFICE BOX**) orlando florida, 32824

December 12, 2007

L07000123535

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

* CORPORATION SERVICE COMPANY

1201 HAYS
TALLAHASSEE, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

RAJNARAYAN SOOKRAM

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

13427 meadow pointe court

orlando florida, 32824

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

RAJNARAYAN SOOKRAM
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00