L080000004374

(Requestor's Name)		
(Address)		
(Address)		
(City)	State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to F	ling Officer:	

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2008 APR 28 PM I2: 37
SECRETARY OF STATE

T. CLINE APR 2 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Thatcher (N	4613, LLC. ame of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	-
Tim Belcastro (Name of Person)	harge of Address
Thatcher 4613	, uc.
(Firm/Company) 4613 Thatcher (Address) Tampa, FL (City/State and Zip Co	TILED 2008 APR 28 PH 12: SECRETARY OF STALLAHASSEE.FLO 3%14
For further information concerning t	his matter, please call:
Tim Belcastvo (Name of Person)	at (<u>\$13</u>) <u>870-2436</u> (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRE 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

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 liability company submits the following statement in order agent, or both, in the State of Florida.	R, Florida Statutes, the undersigned limited to change its registered office or registered
1. The name of the limited liability company is:	Thatcher 4613, LLC.
2. The mailing address of the limited liability company is:	P.O. Box 152858
	Tampa, FC 33684.
1/11/08	L08000004374 .
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: Timothy Belastic Name 4606 W. Cost Augu Address Tampa, FL 33 City, State and Zi	address as shown on the records of the
6. The name and address of the new registered agent and/or of	
Tinothy Belcas Name 1613 Thatchor Florida street address (P.O. Box I Tampa FL City, State and Zip	NOT acceptable)
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Florand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) wo for the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	vs of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited vas/were authorized by an affirmative vote
(Signature of a member or authorized representative of a member)	
William E Cusick (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my posit Chapter 608, F. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company h (Signature of Registered Agent)	ee to act in this capacity. I further agree to er and complete performance of my duties, ion as registered agent as provided for in ly reflect a change in the registered office as been notified in writing of this change.

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