L08000012556

(Requestor's Name)						
(Address)						
(Address)						
,						
(City/State/Zip/Phone #)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations						
SUB	SUBJECT: CAROL TURK CONSTRUCTION & DESIGN, LLC Name of Limited Liability Company						
	name of 1	Jimitet	I Liability C	ompany			
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Registered C	office (Change and	fee(s) are subr	nitted for filing.		
Pleas	e return all correspondence concerning	this m	atter to the	following:			
	CAROL TURK						
	Name of Person						
_CA	ROL TURK CONSTRUCTION & DE Firm/Company	<u>ESIGN</u>	I, LLC				
	526 SUWANEE CIRCLE Address	,		,			
	786 TAMPA, FL 33606-3831						
	City/State and Zip Code						
E	carolturk@verizon.net mail address: (to be used for future annual report n	otificatio	m)				
For further information concerning this matter, please call:							
	CAROL TURK	at (813)	83	3 -1307 · · ·		
	Name of Person		Area	Code & Daytime To	elephone Number		
	STREET/COURIER ADDRESS:		MAIT.IN	NG ADDRESS:	•		
Registration Section				tion Section	•		
	Division of Corporations			of Corporation	S		
	Clifton Building		P.O. Box				
	2661 Executive Center Circle			see, Florida 323	14		
	Tallahassee, Florida 32301			,			
Enclosed is a check for the following amount:							
	\$25 Filing Fee		\$55 Fi	ling Fee & Cer	rtified Copy		

TO:

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: CAROL TU	RK CO	<u>NSTRUCTION</u>	I & DESIGN, L∦LC		
2. (a) Principal office address of limited liability company	у: _	50 DAVIS BLVD., APT. 6			
(Note: MUST BE STREET ADDRESS)	TAMPA	, FLORIDA 336	06		
(b) Mailing address of limited liability company:	3	SAME			
(Note: MAY BE POST OFFICE BOX)	SEE ADDRESS CHANGE BELOW				
February 1, 2008		L08000012	556		
3. Date of filing/registration in Florida	4. Docum	nent number			
5. (a) Registered Agent and Registered Office shown on	the record	ls of the Florida D			
Registered Agent:	CAROL	. TURK			
Registered Office Address:	50 DAV	IS BLVD. APT.	6 SS - 31 EE		
	TAMPA	, FLORIDA 336			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>					
NEW Registered Agent:	IEW Registered Agent: CAROL TURK				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	526 SUWANEE CIRCLE				
	TAMPA		,FL <u>33606-38</u> 31		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	laws of the lorida stretical. Or, i) was/wer rwise provy.	e State of Florida, eet address of the in the case of a Fl e authorized by ar vided in the article	, it is hereby registered office orida limited n affirmative vote es of organization		
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 prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to according to a control of the control of t	ct in this capacity. complete perform registered agent a ct a change in the n notified in writir	I further agree to ance of my duties, is provided for in registered office ng of this change.		
Signature of Registered Agent					

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