

DOCUMENT# L080000019655

FILED
Oct 20, 2009
Secretary of State

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

4834 CELIA CIRCLE WEST
LAKELAND, FL 33813

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HYDE, JAMES
4834 CELIA CIRCLE WEST
LAKELAND, FL 33813 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES HYDE

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: HYDE, JAMES
Address: 4834 CELIA CIRCLE WEST
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: CACULITAN CRUZ, PHILIP
Address: 4834 CELIA CIRCLE WEST
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES HYDE

MR.

10/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date