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,(Re	equestor's Name	·)
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEF FLOORA

T. HAMPTON JUL 2 9 2008

EXAMINER

COVER LETTER

SUBJECT: TRASH LLC (Name of Limited Liability Company)			
For further information concerning this matter, please call:			
_			
Registration Section Division of Corporations			
P.O. Box 6327			
Enclosed is a check for the following amount:			

INHS18 (5/08)

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:	AILER TRASIT LLC
2. (a) Principal office address of limited liability compa- (<i>Note: MUST BE STREET ADDRESS</i>)	NY: 10725 GULF BLVD. REDINGTONBCH, FL 33708
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 6122 CLEARWATER, FL 33758
3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	WARE, STEVE
Registered Office Address:	REDINGTON BCH, FL 33708
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	John P. Martin
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Clearwater ,FL 33756
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my position of the provision of the part of the	ox 6327, Tallahassee, FL 32314 E. \$25.00
INHS18 (05/08)) TATE LORIDA