L08000002215

(Requestor's Name)	
(Address)	9001
(Address)	
(City/State/Zip/Phone #)	09/02/
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Occasional and the contract of	

Special Instructions to Filing Officer:

L. SELLERS

SEP 2 6 2008

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fast Realty (Name of Li	E Mortgages, LLC mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Mili Carrasquillo (Name of Perfon) Fast Realty & Mortgages UC (Firm/Company) 709 Robert St (Address) Kissimme FL 34741 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at	(407) 201 - 3431 (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	



September 3, 2008

MILI CARRASQUILLO 709 ROBERT STREET KISSIMMEE, FL 34741

SUBJECT: FAST REALTY & MORTGAGES, LLC

Ref. Number: L08000022215

We have received your document for FAST REALTY & MORTGAGES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The highlighted portion of the form must be completed.

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) 245-6967.

Letter Number: 708A00048573

Leslie Sellers Regulatory Specialist II

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to chain the State of Florida.	8, Florida Statutes, the undersigned limited liability nge its registered office or registered agent, or both,
1. Name of the limited liability company:Fas	+ Realty & Mortgages, LL(
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 2521 13th Street V Saint Cloud, FC 34769
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	709 Robert Sl. Kissimmee, Fl 34741
03/03/2008 3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	<u>Carlos I Rodríguez</u>
Registered Office Address:	2721 Corybrook Lane Kissimmee, FL, 34744
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	<u> Mili Carrasquillo</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is
	O8 SEC
(Signature of a member or authorized representative of a member) (Printed or typed name of signee)	FIL. SEP 25 CALCANI _AHASSE
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the promotion of amount and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	
(Signature of Registered Agent)	