L08000029447

(Requestor's Name)					
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SECKETARY OF STATE

J. BRYAN

AUG 1 3 2012

EXAMINER

COVER LETTER

· Division of Co	rporations					
SÜBJECT:			ring of d Liabilit		ota, LLC	
	name o	of Limited	i Liabilii	у Соттра	шу	
Dear Sir or Madam:						
The enclosed Register	ed Agent/Registered	d Office	Change a	nd fee(s)	are submitted	for filing.
Please return all corre	spondence concerni	ng this m	atter to t	he follov	ving:	
Mi	chael L. Shannon Name of Person			_		
Crest Engi	neering of Sarasof Firm/Company	ta, LLC		-		TALLAN
340	2 Magic Oak Lane		·	-		TALLANG TO PH 1:45
	rasota, FL 34232 y/State and Zip Code		· • • • • • • • • • • • • • • • • • • •	_		1:45
E-mail address: (to be	steng@gmail.com	ort notificati	on)	_		
For further information	,					
Michael L	. Shannon	at (_		_) .rea Code &	377-881 Daytime Telephor	
	VRIER ADDRESS: ection porations g Center Circle		MAI Regi Divis P.O.	LING Alstration Sion of Co Box 6327	DDRESS: ection orporations	
Enclosed is a	check for the follow	wing am	ount:			
\$25 Filing	Fee		S55	Filing F	Fee & Certified	Сору

TO: Registration Section

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: Cres	st Engineering of Sarasof	ta, LLC		
2. (a) Principal office address of limited liability compar	ny:			
(Note: MUST BE STREET ADDRESS)	3402 Magic Oak Lane Sarasota, FL 34232			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	3402 Magic Oak Lane Sarasota, FL 34232	The same of the sa		
03/21/2008	L0800002944	17 O.S. 6		
3. Date of filing/registration in Florida	4. Document number	· \$3)		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dep	ot. of State:		
Registered Agent:	Dean Hanewinckel			
Registered Office Address:	2650 South McCall Road, Ste E Englewood, FL 34224			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	Michael L. Shannon 3402 Magic Oak Lane			
	-			
(MUST BE FLORIDA STREET ADDRESS)		DI 24222		
	Sarasota	_,FL <u>34232</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	(s) was/were authorized by an a erwise provided in the articles of	iffirmative vote		
Michael L. Shannon, MGR				
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 p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compa	agree to act in this capacity. I proper and complete performan position as registered agent as p nerely reflect a change in the re any has been notified in writing	further agree to ce of my duties, provided for in egistered office of this change.		
Signature of Registered Agent				

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