L0800031295

<u> </u>		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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08 OCT -3 PN 3: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 0 3 2008

EXAMINER

COVER LETTER

TO: Registration Section . Division of Corporations	
SUBJECT: Farrell Rentals (Name of Lin	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:
Joseph Farrell (Name of Person)	SEC TALL
Farren Rentals (Firm/Company)	AFIASSE
1512 S. Cameron C	FILED OB OCT -3 PH 3: 46 SECRETARY OF STATE TALLAHASSSEE, FLORIDA
Tamps, 72 336 (City/State and Zip Code)	29
For further information concerning this matter, pl	lease call:
Joseph Parrell at (Name of Person)	(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 an	nount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2008

LESLIE FARRELL 1512 S CAMERON CT TAMPA, FL 33629

SUBJECT: FARRELL RENTALS, LLC

Ref. Number: L08000031295

OB OCT -3 PN 3: 46
SECRETARY OF STATE
TALLAHASSEE, FLORINA

We have received your document for FARRELL RENTALS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 608A00049286

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.

in the State of Florida.	
1. Name of the limited liability company: Farre	Il Rentals
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	1512 S. Cameron Ct Tamps, Pc 33629
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	O8 OC SECRET TALLAH,
march 27, 2,008	L08000031295ARY 3 F
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dependents
Registered Agent:	Loden Fraze + Asgociates, PA
Registered Office Address:	4601 Central Avenue St. Petersburg, FC 33713
(b) Enter name of NEW Registered Agent and/or NE NEW Registered Agent:	EW Registered Office address: Joseph Farrell
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tampa PC 336 Tampa PC 336
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 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 of authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
Joseph Farrell	
(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 F.S. Or, if this document is being fited to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00