208000064084

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip	Phone #)
PICK-UP WA	IT MAIL
(Business Ent	ty Name)
(Document Nu	mber)
Certified Copies <u>(1981)</u>	ficates of Status <u>er (2008)</u>
Special Instructions to Filing Office	· · · · · · · · · · · · · · · · · · ·

A. LUNT

SEP 29 2009

EXAMINER

Office Use Only



000160979170

09/28/09--01006--025 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations			-		
			ps and a Cookie, LLC ted Liability Company			
				,		
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Re	egistered Office (Change and fee(s) are submitted for filing	; .	
Pleas	e return all correspondence c	oncerning this m	atter to the folio	owing:		
	Mike Liguori, Cf					
	Name of Person	n		Τ̈́o	20	
	CPA Financial Alli	iance II.C		ECR	2009 SEP 28 PM 3: 09	
	Firm/Company	,			' '0 '	
	801 Irtan	A musiton	12W7 54	SSEE. FLORIDE	8	
	610 Boville-J	and the	~ ,	ア アンスをご	P	
	Address	1080 CAIC	- mary	07 27 17/P	် ငယ္	
				RRID	90	
	Daytona Beach, Fl			,₹⊳	Ψ.	
	City/State and Zip					
Y	HDNTHC1@a	iol.com innual report notification	on)			
For f	urther information concerning	g this matter, ple	ase call:			
	Rick Saucier	at (407)	688-8168		
	Name of Person		Area Code	& Daytime Telephone Number		
	STREET/COURIER ADD	RESS:	MAILING A	ADDRESS:		
Registration Section Division of Corporations Clifton Building		Registration	Section			
		Division of C	Corporations			
			P.O. Box 6327			
	2661 Executive Center Circle	e	Tallahassee,	Florida 32314		
	Tallahassee, Florida 32301					
	Enclosed is a check for the following amount:					
\$25 Filing Fee \$55 Fili			\$55 Filing	Fee & Certified Copy		

INHS18 (5/08)

TO:

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: Three Sc.	oops AND A COOKIE, LLC
2. (a) Principal office address of limited liability company	y: 653 Broadoak Loop
(Note: MUST BE STREET ADDRESS)	Sanford, Florida 32771
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	HASSE 28
8/2008	2732787
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	The Company Corporation
Registered Office Address:	2711 Centerville Road Wilmington, Delaware 19808
NEW Registered Agent:	Mike Liguori, CPA, CFP
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	
(MUST BE FLORIDA STREET ADDRESS)	619 Beville Road 80 InterNational Pk. Daytona Beach ,FL 32119 LAKE MARY 3274/
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	lical. Or, in the case of a Florida limited
Rick Saucier	
Printed or typed name of signee	ana.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registere Agent	

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