## L08000069069

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Chity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

A. LUNT

JUN 29 2009

**EXAMINER** 

Office Use Only



100157244861

06/26/09--01037--006 \*\*25.00

FILED

BOUN 26 PH 2: 48

ECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT:	Jeffgail Properties	
SUBJECT: Name of Name	of Limited Liability Company	•
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Jeffrey Smith		
Name of Person		
	A CE	200
Jeffgail Properties		¤ ≥ ,
Firm/Company	ASS	_
645 Kantuolov Avo	SECRETARY OF STATE STATE FLORIDA	Ľ
Address Address	TO THE STATE OF TH	
		•
Grand Umatilla, Florida 3278	84	
City/State and Zip Code		
Homesell@comcast.ne	net	
Homesell@comcast.ne E-mail address: (to be used for future annual repo	port notification)	
For further information concerning this m	natter, please call:	
Jeff Smith	at ( 352 ) 308-9658	_
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tanalasso, Tionaa 32314	
Enclosed is a check for the follow	owing amount:	
<b> √</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	
<u> </u>		

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.41 liability company submits the following states agent, or both, in the State of Florida.	6 or 608,508, Florida Statutes, the undersigned limited tent in order to change its registered office or registered
1. Name of the limited liability company:	Jeffgail Properties
2. (a) Principal office address of limited liabili	ity company: 645 Kentucky Ave
(Note: MUST BE STREET ADDRES	1 Limatilla, Florida 32784
(b) Mailing address of limited liability comp	pany: 645 Kentucky Ave
(Note: MAY BE POST OFFICE BOX	Umatilia, Fiorida 32784
July 17, 2008	L08000069089
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	Tania Lemus
Registered Office Address:	United States Corporation agents, 1853 320 S. Flamingo Rd. #347 Pembroke Pines, Florida 33027
(b) Enter name of NEW Registered Agent	
NEW Registered Agent:	Eunice Gallets
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDI	Incsmert.biz 2825 SW 22nd Ave. Ste. 105 Delray Beach. FL 33445
confirmed that after the change or changes are a and the business office of the registered agent w liability company, it is beneave confirmed that the	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited a change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization by company.
Jeffrey Smith	
I hereby accept the appointment as registered a comply with the provisions of all standes relative and I am familiar with and accept the obligation Chapter tile, F.S. Or, if this document is being address, I hereby confirm that the limited liability of Registered Agent	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duites, us of my option as registered agent as provided for in filed to merely reflect a change in the registered office by company has been notified in writing of this change.
Division of Corporations D	O Roy 6327 Tellohoose PT. 32314

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

INHS18 (05/08)