108000 74088

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

Office Use Only



600179924176

05/13/10--01010--003 **25.00

TALLAHASSEF FLORID

D. BRUCE

MAY 14 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lambs of Ta	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Blake D. Bringgold	*******
McIntyl languella, The Firm/Joinpany	arasides, Eleft Hoffman, P.C.
6943 2. Fowler Ave	TALLAH MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN MAHAMATAN
TempleTerrall, FL 3361 City/State and Zip Code	Z ASSEE FE
Blake @ Minterel firm E-mail address: (to be used for future annual report not	. Om STATE 22
For further information concerning this matter	r, please call:
Dayma U. Edwards Name of Person	at (8/3) 347-5579 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

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 liability company submits the following statement in orangent, or both, in the State of Florida.	.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company:	r of Tampa, UC
2. (a) Principal office address of limited liability compar	ny: /
(Note: MUST BE STREET ADDRESS)	933 Anchorage Road
(b) Mailing address of limited liability company:	<u> </u>
(Note: MAY BE POST OFFICE BOX)	733 Anchorage Load
3. Date of filing/registration in Florida	108000074088
	4. Document number
5. (a) Registered Agent and Registered Office shown or Registered Agent:	williams Schiffing Manager State
Registered Office Address:	Sude 3200
	Tanpa FC 33607
	·
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	
,	McIntyre, lanzarella, Thunasdes, Eleff & 6943 E. Fowler Ave P.L.
NEW Registered Agent: NEW Registered Office Address:	MINTYPE, lanzarella, Thunasdes, Eleff of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote envise provided in the articles of organization by.

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