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M. THOMAS

AUG - 4 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUB.			Associates		
	Ivallic	Of Limited	Liability Co	mpany	
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Register	ed Office	Change and fe	ee(s) are submitted fo	r filing.
Pleas	e return all correspondence concern	ing this m	atter to the fo	llowing:	
	James Root				
	Name of Person				
	Root & Associates, LL	<u>-C</u>			. ~
	,,				TALES T
	5801 Cay Cove Ct				TALLAHASSEE, FLORIBA
	Address				ASSI T
	T 51 00045				ma z
	Tampa, FL 33615 City/State and Zip Code				STA ?:
	City/Build and Lip Court				음 2
	flver86@tampabay.rr.d	com			
	flyer86@tampabay.rr.c E-mail address: (to be used for future annual re	port notificati	on)		
For f	further information concerning this i	natter, ple	ase call:		
	James Root	at (_	813)	382-9029	
	Name of Person	~	Area Co	ode & Daytime Telephone N	umber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314	
	Enclosed is a check for the following	owing am	ount:		
	\$25 Filing Fee		\$55 Fili	ng Fee & Certified Co	ору

• 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.

Name of the limited liability company:	Root and Associates, LLC		
2. (a) Principal office address of limited liability comp	pany:		
_[✓](Note: MUST BE STREET ADDRESS)	5801 Cay Cove Ct. Tampa, FL 33615		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
August 20, 2008	L08000079676		
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:	United States Corporation Asients, Inc.		
Registered Office Address:	Pembroke Pines, FL 33027		
(b) Enter name of <u>NEW Registered Agent</u> and/or			
NEW Registered Agent:	James Root 영구 2		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5801 Cay Cove Ct		
	Tampa "FL33615		
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of permiter or authorized representative of a member	the Florida street address of the registered office dentical. Or, in the case of a Florida limited		
Printed or typed name of signee	<u></u>		
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.		
Division of Corporations, P.O. Box	x 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00