LD8000089728

(Requestor's Name)
(Address)
(Address)
(City(Ctate/7in/Dhana #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. LEWIS
SEP 3 2009
EXAMINER

COVER LETTER

Registration Sect Division of Corp		
SUBJECT:	C	urator Squared LLC
	Name of	Limited Liability Company
Dear Sir or Madam:		
The enclosed Registered	Agent/Registered (Office Change and fee(s) are submitted for filing.
Please return all correspondent	ondence concerning	g this matter to the following:
	r Gregg Duggan	
Na	me of Person	
	or Squared LLC	
Fir	m/Company	
	Henkel Circle	
Winter	Park, FL 32789	
	ate and Zip Code	
gingergre E-mail address: (to be used	egg@hotmail.com	notification)
For further information of	oncerning this matt	ter, please call:
Ginger Grego	g Duggan	_ at (407)227-2565
Name of Pers		Area Code & Daytime Telephone Number
STREET/COURI	ER ADDRESS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corpor	ations	Division of Corporations
Clifton Building	, 0: 1	P.O. Box 6327
2661 Executive Ce Tallahassee, Florid		Tallahassee, Florida 32314
Enclosed is a che	eck for the followin	ng 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 608.508, 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:	Curator Squared LLC
2. (a) Principal office address of limited liability company	501 Henkel Circle
(Note: MUST BE STREET ADDRESS)	Winter Park, FL 32789
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	501 Henkel Circle Winter Park, FL 32789
9/22/08	L08000089728
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Ginger Gregg Duggan
Registered Office Address:	5232 Baskin Street Orlando, FL 32814
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Ginger Gregg Duggan
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	501 Henkel Circle Winter Park, ,FL32789
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ave of the State of Florida, it is hereby
Ginger Gregg Duggan Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, Thereby confirm that the limited liability company	per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	TALLI
Division of Corporations, P.O. Box 632 FILING FEE: \$25	7, Tallahassee, FL 32314 圣帝 写

INHS18 (05/08)