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SECRETARY OF STATE

D. BRUCE

AUG 07 2009

EXAMINER

COVER LETTER

SUBJECT: Lucky 9 Auto Sales 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 correspondence concerning this matter to the following: Book Johnson Name of Person Lucky 9 Auto Sales LLC Firm/Company 3500 Mloma Ave # C-33 Address Winter Park FL 32792 City/State and Zip Code E-mail address: (to be used for Influte numbed report notification) For further information concerning this matter, please call: Bret Johnson Name of Person at (32) 945 - 1583 Ara Code & Daytine Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Cilinon Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee \$55 Filing Fee	TO: Registration Section Division of Corporations				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Brot Johnson Name of Person Lucky 9 Auto Sales LLC Firm/Company 3500 Alloma Ave # C-33 Address Winter Park FL 32792 City/State and Zip Code milehibret @ values Com E-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call: Bret Johnson Name of Person at (32) 945 - 1583 Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	SUBJECT: Lucky 9 Auto Sale Name of Limited Lia	ability Company			
Please return all correspondence concerning this matter to the following: Brot John Son Name of Person Lucky 9 Auto Sales LLC Firm/Company 3500 Mloma Ave # C-33 Address Vinter Park FL 32792 City/State and Zip Code milehibret a value Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bret Johnson Name of Person at (321) 945 - 1583 Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	Dear Sir or Madam:				
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E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bret Johnson	3500 Alona Ave # C-3	33_	9 AUG -6 ECRETAR		
For further information concerning this matter, please call: Content	Winter Park FL 32792 City/State and Zip Code	2	PHIZ: 1		
Street Johnson at (32) 945 - 1583 Name of Person Area Code & Daytime Telephone Number	mile hibret @ yahas. Com E-mail address: (to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·	7		
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	For further information concerning this matter, please call:				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:			L.		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	ber		
\$25 Filing Fee \$25 Filing Fee & Certified Copy	Enclosed is a check for the following amount:				
·	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	y .		

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: Lucky 9	Auto Sale LLC			
2. (a) Principal office address of limited liability company	: Ludy 9 Auto Soks LLC			
(Note: MUST BE STREET ADDRESS)	3500 Alama Ave #C-33 Wider Park FL 32792			
(b) Mailing address of limited liability company:	Lucky 9 Auto Sales LLC			
(Note: MAY BE POST OFFICE BOX)	3500 Alama Ave #C-33 Winter Park FL 32792			
March 30 2009	L09000 30755			
	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Bret Johnson			
Registered Office Address:	3605 Sweetgrass Circle #9018 Winter Resk PL 32792			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	(Same) Bret Johnson			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3500 Along Ave #C-33 Vioter Pack FL 32792			
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 ident 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 or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program I am familiar with and accept the obligations of my pool Chapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	FILE UG-6 PM IZ HASSEE. FLO			
Signature of Particle of Afficiant				

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