

L09000062795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

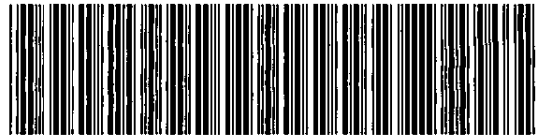
(Business Entity Name)

(Document Number)

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2010 FEB 26 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 1 2010
EXAMINER

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ZAERI & ASSOCIATES, P.A.

A PROFESSIONAL ASSOCIATION
Attorneys and Counselors at Law

February 22, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Registered Agent/Registered Office Change

Dear Agent:

Please find enclosed the application and filing fee for Registered Agent/Registered Office Change for Autumn Leaves, LLC. If you should have any questions, please do not hesitate to contact our office.

Sincerely,
ZAERI & ASSOCIATES



Christina Buchan, Esquire

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTUMN LEAVES, 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:

MINA FARAHBAKHS
Name of Person

AUTUMN LEAVES, LLC
Firm/Company

610 VIANA COURT
Address

WINTER SPRINGS, FL 32708
City/State and Zip Code

minanovin@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINA FARAHBAKHS at (407) 677-9933
Name of Person 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 608.508, 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: AUTUMN LEAVES, LLC

2. (a) Principal office address of limited liability company: 610 VIANA COURT

(Note: **MUST BE STREET ADDRESS**) WINTER SPRINGS, FL 32708

(b) Mailing address of limited liability company: 610 VIANA COURT

(Note: **MAY BE POST OFFICE BOX**) WINTER SPRINGS, FL 32708

06/29/2009
3. Date of filing/registration in Florida

L09000062795
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JEFFREY M. KOLTUN

Registered Office Address: 557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751, US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent: MINA FARAHBAKHS

NEW Registered Office Address: 610 VIANA COURT
(MUST BE FLORIDA STREET ADDRESS)
WINTER SPRINGS, FL 32708

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

MINA FARAHBAKHS

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(same)
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2010 FEB 26 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 FEB 26 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA