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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	• • • • • • • • • • • • • • • • • • • •		terprises	•	
	Name of	Limited Li	ability Com	pany	
Dear Sir or Madam:					
The enclosed Registered	l Agent/Registered	Office Cha	nge and fee(s) are submitted for filing	
Please return all corresp	ondence concerning	g this matte	r to the follo	owing:	
Mara	ilissa K Thomas				
N	ame of Person				
	nt Enterprises LL0	<u> </u>			
Fi	rm/Company				
3069 And	erson Snow Rd #1	88		$arphi_{n}^{+} \phi^{i} s_{i}^{-}$	
	Address			•	
Sprin	g Hill, FL 34609				
City/S	tate and Zip Code				
Maraliss E-mail address: (to be use	s a O COM d for future annual report	notification)	<u>net</u>		
For further information	concerning this mat	ter, please	call:	er ar	
\$	•	ı) 1	
Maralissa i	Thomas	at (88	38)	579-0907	
Name of Per				& Daytime Telephone Number	
STREET/COUR	IER ADDRESS:		MAILING A	ADDDFSS.	
Registration Section			MAILING ADDRESS: Registration Section		
Division of Corpo			Division of Corporations		
Clifton Building			P.O. Box 6327		
2661 Executive Co		1	Tallahassee,	Florida 32314	
Tallahassee, Florid	na 32301				
Enclosed is a ch	eck for the followi	ng amount	:		
\$25 Filing Fe			\$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:	Presci	Prescient Enterprises LLC				
2. (a) Principal office address of limited liability con	npany:	3069 Anderson Snow Rd.				
(Note: MUST BE STREET ADDRESS)	Sprin	Spring Hill, FL 34609				
(b) Mailing address of limited liability company:		POB 1161				
(Note: MAY BE POST OFFICE BOX)	Larks	Larkspur, CA 94977				
9/9/09			00087120			
3. Date of filing/registration in Florida	4. Doc	ument numbe	r			
5. (a) Registered Agent and Registered Office show	n on the reco	ords of the Flo	rida Dept. of State:	•		
Registered Agent:	The	The Law Offices of Nick Spradlin, PLLC				
Registered Office Address:	Suite	12000North Dale Mabry Highway Suite 110 Tampa, FL 33618				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	•	stered Office				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		3069 Anderson Snow Rd #188				
WOST DE LEGRIDA STREET ADDRESS	Sprin	g Hill	,FL <u>3460</u>	9		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability com Maraliana H. Thomas MAD	the Florida st	treet address o	of the registered off	SECRETARY A		
Maralissa K Thomas M MR Printed or typed name of signee			三 元	See to		
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of manufactures, I hereby confirm that the limited liability con Marolissa Homao	and agree to he proper and ny position a to merely refi npany has be	act in this cap d complete per s registered as lect a change i en notified in	acity. I further fig formance of my di gent as provided fo in the registered of writing of this chai			

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