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T. HAMPTON FEB 1 0 2010

EXAMINEP

## **COVER LETTER**

Division of C	Corporations			
SUBJECT:	Solid Wall Systems, LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registe	ered Agent/Registered O	ffice C	Change and fee	(s) are submitted for filing.
Please return all corr	espondence concerning t	this ma	atter to the following	owing:
	Keith Buescher			
	Name of Person			
Me	rcedes Homes, LLC			
	Firm/Company			
6905 N.	Wickham Rd., Suite 5	01		
	Address			
Me	lbourne, FL 32940			
Ci	ty/State and Zip Code			
kbues	cher@merhomes.com	<u>)</u>		
For further information	on concerning this matte	er, plea	se call:	
Keith I	Buescher	_ at (	321 )	259-6972
Name o	f Person	_ \_		& Daytime Telephone Number
STREET/CO Registration Se Division of Co Clifton Buildir 2661 Executive Tallahassee, Fl	rporations ng e Center Circle		MAILING A Registration Division of G P.O. Box 63 Tallahassee,	Section Corporations
Enclosed is a	check for the following	g amo	unt:	
<b>✓</b> \$25 Filing	Fee		\$55 Filing	Fee & Certified Copy

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 FEB -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 3, 2010

KEITH BUESCHER MERCEDES HOMES LLC 6905 N WICKHAM RD - STE 501 MELBOURNE, FL 32940

SUBJECT: SOLID WALL SYSTEMS, LLC

Ref. Number: L09000099574

We have received your document for SOLID WALL SYSTEMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 910A00002823

## 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:	Solid Wall Systems, LLC		
2. (a) Principal office address of limited liability compar	ny: 6905 N. Wickham Rd., Suite 501		
(Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:	Melbourne, FL 32940 6905 N. Wickham Rd., Suite 501		
(Note: MAY BE POST OFFICE BOX)	Melbourne, FL 32940		
10/15/2009  3. Date of filing/registration in Florida	L09000099574 4. Document number		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:		
Registered Agent:	CT Corporation System		
Registered Office Address:	1200 South Pine Island Road		
	Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:		
NEW Registered Agent:	Keith Buescher		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6905 N. Wickham Rd., Suite 501		
	Melbourne ,FL 32940		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change 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	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote		
Keith Buescher			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree or roper and complete performance of my duties of one of the complete performance of my duties of the complete performance of the complete of the complete of the complete of the change of this change of this change.		
Signature of Registered Agent			

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