09000099576

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
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(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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DIVISION OF CORPORATION

T. HAMPTON

FEB 1 0 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJECT: Spa		pace Coast Truss, LLC
	Name o	f Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to the following:
	Keith Buescher	
	Name of Person	
	Mercedes Homes, LLC	<u> </u>
	Firm/Company	
	6905 N. Wickham Rd., Suite Address	e 501
	Melbourne, FL 32940 City/State and Zip Code	<u></u>
E-	kbuescher@merhomes.c	om rt notification)
For fu	rther information concerning this m	atter, please call:
	Keith Buescher	at (<u>321</u>) <u>259-6972</u>
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the follow	ving amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy



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: SPACE COAST TRUSS, LLC

Ref. Number: L09000099576

We have received your document for SPACE COAST TRUSS, 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.

Letter Number: 210A00002823

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

National Componetions DO ROY 6227 Tallahaggas Florida 22214

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:	Space Coast Truss, LLC
2. (a) Principal office address of limited liability compar	y: 6905 N. Wickham Rd., Suite 501
(Note: MUST BE STREET ADDRESS)	Melbourne, FL 32940
(b) Mailing address of limited liability company:	6905 N. Wickham Rd., Suite 501
(Note: MAY BE POST OFFICE BOX)	Melbourne, FL 32940
10/15/2009	L09000099576
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	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>NE</u>	W Registered Office address:
NEW Registered Agent:	Keith Buescher
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6905 N. Wickham Rd., Suite 501
	Melbourne ,FL32940
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability 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 or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 printed of a member of a member of a member of all statutes relative to the printed of a member of a member of a member of all statutes relative to the printed of a member o	Florida street address of the registered office tical. Or, in the case of a Florida limited wote was/were authorized by an affirmative wote rwise provided in the articles of organization y.

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