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FILED 10 APR -1 PH 1: 36 SECRETARY OF STATE

J. BRYAN

APR -2 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LA Prevra 1,1  Name of Lin	LLC nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted fo	r filing.
Please return all correspondence concerning th	is matter to the following:	
Laura Prevratil Name of Person		
Name of Person	<del></del>	
LA Previatil LLC		F. 5
Firm/Company		THE REST
301 Clematis St, Soite 3	300	TARY ASSI
Address		HO B
1.5PA F1 334D1	·	10 APR -1 PH 1: 36 SECRETARY OF STATE SECRETARY OF STATE
WPB, FL 33 401 City/State and Zip Code		<u>चि</u>
E-mail address: (to be used for future annual report notific	fication)	
For further information concerning this matter,	, please call:	
Laura Previatil 8	at ( <u>56)</u> <u>236</u> <u>7960</u> Area Code & Daytime Telephone N	 Jumber
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 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Co	ору

## 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.

- G	^
1. Name of the limited liability company:	A Previousil LLC
2. (a) Principal office address of limited liability compar	ny: LA Prevratil
(Note: MUST BE STREET ADDRESS)	301 Chematis St. Suite 3000 WPB, FL, 33701
(b) Mailing address of limited liability company:	•
(Note: MAY BE POST OFFICE BOX)	Same
3 17 2010  3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	Spiesel & Otrera PA
Registered Office Address:	1840 JW JZM ST 4th Floor Migmi PL 33145
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> <u>NEW REGISTER FLORIDA STREET ADDRESS</u>	Laura Prevratil  301 Clematis St. Suite 3000
(MUST BE FLORIDA STREET ADDRESS)	web ,FL 33401
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 ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth 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	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my panders, J. F.S. Or, if this document is being filed to address, J. hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.

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

Signature of Registered Agent