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3.

C. LEWIS

AUG 2 4 2011

EXAMINER

COVER LETTER

Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for fi Please return all correspondence concerning this matter to the following: RAYMOND C. SHEFFIELD Name of Person T-STOP MANAGMENT LLC Firm/Company 3985 NW HWY 326 #101 Address OCALA, FL. 34482 City/State and Zip Code HLROBERTSREALTY@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAYMOND C. SHEFFIELD Name of Person Area Code & Daytime Telephone Numb		
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STREET/COURIER ADDRESS: MAILING ADDRESS:		
	Registration Section	
	Division of Corporations	
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		

TO: Registration Section

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:	T-STOP MANAGMENT LLC	
2. (a) Principal office address of limited liability co	company: 3985 NW HWY 326 #101	
(Note: MUST BE STREET ADDRESS)	OCALA, FL. 34482	
(b) Mailing address of limited liability company	y: 3985 NW HWY 326 #101	
(Note: MAY BE POST OFFICE BOX)	OCALA, FL. 34482	
09/07/2010	L10000093755	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:	
Registered Agent:	BRENAN W. RUNANGERE 2	
Registered Office Address:	3985 NW HWY 326 A TO CALA, FL. 34482 A TO CALA	
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	Nor NEW Registered Office address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	3985 NW HWY 326 #101	
Signature of a member or authorized representative of a member She Hield Printed or typed pame of signee	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany. Int and agree to act in this capacity. I further agree to be the proper and complete performance of my duties, of my position as registered agent as provided for in the did not provided to the company has been notified in writing of this change.	
Signature of Registered Agent	_	

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