## 11000132484

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

Office Use Only

G. MCLEOD

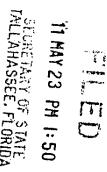
MAY 24 2011

EXAMINER



800207930738

05/23/11--01016--025 \*\*25.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUB.	JECT: Litigation Ca	ase Ma	nagement Services, LLC
	Name of	f Limited	Liability Company
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	l Office C	Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concernir	ng this ma	atter to the following:
	Laurie Suitt		<u></u>
	Name of Person		
<del></del>	Litigation Case Management Ser Firm/Company	vices, LL	.C
	PO Box 3187		
	Address		
	Tampa, Florida 33601 City/State and Zip Code		<del></del>
<del></del> 1	Isuitt@verizon.net E-mail address: (to be used for future annual repor	t notification	n)
For fi	urther information concerning this ma	itter, pleas	se call:
	Laurie Suitt	at (	727 ) 330-5826
	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 32314
	Tallahassee, Florida 32301		
	Enclosed is a check for the follow	ing amou	unt:
	\$25 Filing Fee	}	\$55 Filing Fee & Certified Copy

TO:

## 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:Litigat	tion Case Management Services, LLC
2. (a) Principal office address of limited liability com	pany: 111 Second Avenue NE,Suite 521
(Note: MUST BE STREET ADDRESS)	St. Petersburg, Florida 33701
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	PO Box 3187 Tampa, Florida 33601
12/30/2010	L10000132484
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:	Laurie M. Suitt, Pres.
Registered Office Address:	111 Second Avenue NE, Suite 521 St. Petersburg, Florida, 33Z01
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	NEW Registered Office address  220 E. Madison Street Suite 1110 Tampa  PL 3402
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the changof the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as of the limited liability company or as or the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby he Florida street address of the registered office
Laurie M. Suitt Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, by position as registered agent as provided for in o merely reflect a change in the registered office upany has been notified in writing of this change.

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