## 1000009580

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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05/23/11--01015--024 \*\*25.00

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TIC LLC  Name of Limited	d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
James TROVATO Name of Person	·	
TTC LLC Firm/Company		
12135 S. Cleveland Ave		
Tost Myras, Floreida  City/State and Zip Code	33907	
Sweepstakes Island eynho E-mail address: (to be used for future annual report notification	O·COM	
For further information concerning this matter, plea	ase call:	
Name of Person at (	216) 533-1500 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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:	LLC
2. (a) Principal office address of limited liability compan	12135 S. Cleveland Au
(Note: MUST BE STREET ADDRESS)	FORT Myeas, Florida 33907
(b) Mailing address of limited liability company:	SAMC
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	<u>L 11000009580</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agent
Registered Office Address:	1330a Winding Oaks BITTER
	TAMPA, Florida 33612
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Jomes Trovato
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12135 S. Cleveland Aug
	FORT Myers ,FL 33907
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 idealiability company, it is hereby confirmed that the change (so 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  Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of the obligations of my per Chapter 608, F.S. Or, if this document is being filed to meadaress, I hereby confirm that the limited liability company.	HAY 23 PHOTOS Agree to act in this capacity. I furth Day or the form of the control of the contr

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