Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000295024 3)))



H120002950243ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number: I20070000160 Phone: (800)494-3124

Fax Number : (561) 455-9885

\*\*Enter the email address for this business entity to be used for Tuture annual report mailings. Enter only one email address pleas

LLC REGISTERED AGENT CHANGE LUEDEKE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	01
Estimated Charge	\$25.00

C. LEWIS

DEC 1 8 2012

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

## H12000295024 3

## 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. N	ame of the limited liability company:	LUEDEKE PROPERTIES, LLC		
2. (a	) Principal office address of limited liability con	npany: 38 STANFORD RD.	EAST	
	(Note: MUST BE STREET ADDRESS)	PENNINGTON NJ 08534		
(b	) Mailing address of limited liability company:	38 STANFORD RD. EAS	ST	
	(Note: MAY BE POST OFFICE BOX)	PENNINGTON NJ 08534		
	03-01-2012	L12000029800		
3. D	ate of filing/registration in Florida	4. Document number		
5. (	a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of S	tate:	
	Registered Agent:	SUSAN GAMBLE	2 2	
	Registered Office Address:	1949 ENGLEWOOD RD. ENGLEWOOD, FL 34223	SION FI	
			1 5 Kg	
(t	b) Enter name of <u>NEW Registered Agent</u> and/o	r NEW Registered Office address:	<b>宝</b>	
	NEW Registered Agent:	SUSAN GAMBLE	<u> </u>	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1034 TOPELIS DR	09	
		ENGLEWOOD ,FL	34223	
conf and the liabil of the or the	e limited liability company is not organized under immed that after the change or changes are made, the business office of the registered agent will be lity company, it is hereby confirmed that the change members of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company.	er the laws of the State of Florida, it is her the Florida street address of the registere identical. Or, in the case of a Florida lin nge(s) was/were authorized by an affirma otherwise provided in the articles of organ npany.	eby d office nited Itive vote anization	
SIRIU	the of a member of authorized representative of a memoca			
Yberies &	MARIA LUEDEKE ed or typed name of signee			
I he com and Cha addi X	reby accept the appointment as registered agent ply with the provisions of all statules relative to I am familiar with and accept the obligations of pter 608, F.S. Or if this document is being filed ress, I hereby confirm that the limited liability co	and agree to act in this capacity. I furth the proper and complete performance of my position as registered agent as provide to merely reflect a change in the register mpany has been notified in writing of this	er agree to my duties, led for in red office s change.	
Nigna	ature of Registered Agent			

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