## L14000054139

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MAY 2.7 2014 C. CARROTHERS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tavernie-Trap Company LLC Name of/Limited 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 matter to the following:
Robert Scott Dee Name of Person
Tavernier Trap Co. Firm/Company
610 1/32 Ave Address
Holly wood, FL 33021 City/State and Zip Code
Scott a deevet products, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scutt Dee at (854) 454-8700
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company: I avernier Trap Company
	) 1011 Park Centre Blud (b) 610 N 32 nd Ave
	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Miani Gardens FL 33169 Hollywood, FC 33021
	4/2/14 614000054139
3.	Date of filing/registration in Florida 4. Document number
5. (	a) Report S Dee
`	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1011 Park Centre Blud
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Miani Gardens, FL 33165
	The state of the s
	, FL SATE OF THE PROPERTY OF T
(t	Robert S. Dee
(ι	Enter name of NEW Registered Agent and/or NEW Peristand Office address:
	⊕ <sub>6</sub> 23
	610 M Dard Ace
	NEW Registered Office Address:
	. / . /
	Hollswood, FL 33021
If the	
the c	e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after hange or changes are made, the Florida street address of the registered office and the business office of the registered
agen	t will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the a	rticles of organization or the operating agreement of the limited liability company,
	Mittel Robert Scott Dee
Sig	nature of a member or authorized representative of a member Printed or typed name of signee
I he	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accer
the o	isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accep bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notif	ied in writing of this change.
Sign	ature of Registered Agent