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SECRETARY OF STATE
FALLAHASSEE, FLORIO



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Crum Properties LLC (Name of Limite	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 n	natter to the following:	
Cathie Voska		
(Name of Person)		
FrankCrum		
(Firm/Company)	72001 E	
100 S. Missouri Avenue		
(Address)	TAPY	
Clearwater, FL 33756	Y OF SEE, FL	
(City/State and Zip Code)	2001 JUN 22 AM 10: 13 SECRETARY OF STATE TALLAHASSEE, FLORID	
For further information concerning this matter, ple	**************************************	
Cathie Voskaat (	727 ) 726-2786, ext. 1380	
(Name of Person)	(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 am	ount:	
<b>✓</b> \$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. The name of the limits	ed liability compar	ny is: Crum Properties LLC	•
		ity company is : 100 S. Missouri Aven	nue, Clearwater, FL 33756
06/22/1999		L99000003667	·
3. Date of filing/registration in Florida		4. Document number	er
5. The name of the registr Florida Department of		registered office address as shown on Name	the records of the
		Address - 33756 City, State and Zip	2001 JUN SECRET
6. The name and address	Dana Grutchfi 100 S. Missour	eld Name	FILED 2001 JUN 22 AM IO: 13 SECRETARY OF STATE TALLAHASSEE, FLURIDA
	Clearwater,	FL 33756	
•	C	ity, State and Zip	
confirmed that after the c and the business office of liability company, it is he	hange or changes the registered age reby confirmed the nited liability comet of the limited liability has been also		the registered office a Florida limited by an affirmative vote
	•	,	
Frank W. Crum, Jr.  (Printed or typed name of signee	)		
,		red agent and agree to act in this capa elative to the proper and complete perf cations of my position as registered age eing filed to merely reflect a change in iability company has been notified in w	city. I further agree to ormance of my duties, ont as provided for in the registered office riting of this change.
(Signature of Registered Agont)		<del></del> _	

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