03000000574

Wht 140

Premiere Concerte Alriraes (Requestor's Name) 308 S. Ja Salle St. # 1855 (Address)				
(Requestor's Name)				
208 5. La Salle St. # 1855				
Chucago 16 60604				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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12/29/03--01040--024 **50.00

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.

		Landsonna Unlimited Construction	- UC
1. The name of the lim	iited liability company	is: Landscapes Unlimited Construction	1, LLU
2. The mailing address	s of the limited liability	company is : 1201 Aries Drive, Linco	<u>ln, NE 68512</u>
Eshruani 17, 2002		M0300000574	
February 17, 2003 3. Date of filing/registration in Florida		4. Document number	
5. Date of ining/regist	ration in Plonta	4. Document number	ŲI
5. The name of the reg Florida Department		egistered office address as shown on	the records of the
	CT Corporation Sys	tem	9
		Name	S VIS
1200 South Pine Island			吊器
		Address	2 92
	Plantation, FL 3332		6 827
	C	ity, State and Zip	7 Ref
6. The name and addre	ss of the new registere	d agent and/or office:	O3 DEC 29 PH 2: 23
	NRAI Services, Inc.		23 23
		Name	•
	526 E. Park Avenue		•_
	Florida street add	ress (P.O. Box NOT acceptable)	
	Tallahassee	FL 32301	
	Cit	y, State and Zip	
confirmed that after the and the business office liability company, it is	e change or changes are of the registered agent hereby confirmed that nited liability company of the limit of liability	ted under the laws of the State of Flore made, the Florida street address of twill be identical. Or, in the case of the change(s) was/were authorized to as otherwise provided in the article ty company.	the registered office a Florida limited by an affirmative vote of
William M (Printed or typed name of sig	. Kubly , A	Manager	
(Signature of Registered Age Anthony J. Alexander, A	ent)	ed agent and agree to act in this cape ative to the proper and complete per tions of my position as registered ag ing filed to merely reflect a change u bility company has been notified in v	•

FILING FEE: \$25.00

INHS18(10/99)