

PO0000032632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

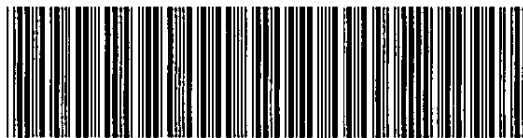
(Document Number)

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Certificates of Status \_\_\_\_\_

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RA  
Change

08/19/09--01019--012 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 AUG 19 PM 1:01

FILED

ASL  
8/20/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L & S Management Co.  
Name of Corporation

**DOCUMENT NUMBER:** P00000032632

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucille Scott  
Name of Contact Person

Firm/Company

750 Greenbriar Avenue  
Address

Davie, FL 33325  
City/State and Zip Code

lucillescott1@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucille Scott at ( 954 ) 325-9156  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: L & S Management Co.
2. The principal office address: 12500 NW 35th Street, Coral Springs, FL 33065
3. The mailing address (if different): 750 Greenbriar Avenue, Davie, FL 33325
4. Date of incorporation/qualification: 3/30/2000 Document number: P00000032632
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael W. Moskowitz, Esq.

800 Corporate Drive, Suite 510

Fort Lauderdale, FL 33334

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lucille Scott

750 Greenbriar Avenue

P.O. Box NOT acceptable

Davie, FL 33325

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2009 AUG 19 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

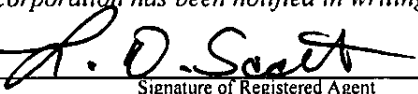
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Lucille Scott, VSTD  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

8-18-09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)