

LO1000012956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

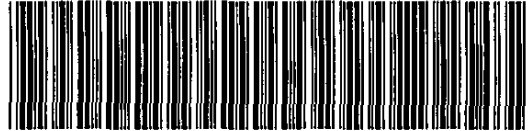
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100081055111

10/24/06--01042--018 **210.00

2006 NOV 28 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LO1-12956
OK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2006

MICHAEL MCCLUSKEY
3473 SE WILLOUGHBY BLVD.
FOX, WACKEEN, DUNGEY, ET. AL.
STUART, FL 34994

SUBJECT: M.D. WHITE, LLC
Ref. Number: L01000012956

We have received your document for M.D. WHITE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 006A00063430

2006 NOV 28 PM 3:04
SECRETARY OF STATE
TALLHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M.D.WHITE, LLC
(Name of Corporation)

DOCUMENT NUMBER: L01000012956

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:

MICHAEL J. MCCLUSKEY
(Name of Contact Person)

FOX, WACKEEN, DUNGEY, et al
(Firm/Company)

3473 SE WILLOUGHBY BOULEVARD
(Address)

STUART, FL 34994
(City/State and Zip Code)

FILED
2006 NOV 28 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALICE LYONS at (772) 287-4444 EXT 205
(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 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 limited liability company is: M.D. White, LLC

2. The mailing address of the limited liability company is : _____

560 NW Interpark Place, Port St Lucie, FL 34986

8/3/2001

L01000012956

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael J. McCluskey

Name

1100 S. Federal Highway

Address

Stuart, FL 34994

City, State and Zip

6. The name and address of the new registered agent and/or office:

Michael J. McCluskey, Esq

Name

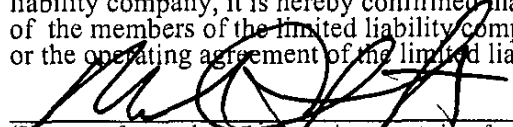
3473 SE Willoughby Blvd

Florida street address (P.O. Box NOT acceptable)

Stuart, FL 34994 FL

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

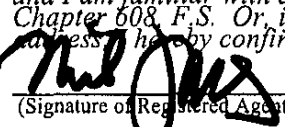


(Signature of a member or authorized representative of a member)

MARK D. WHITE

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2006 NOV 28 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA