L02000026180

(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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COVER LETTER ►

TO: Registration Section Division of Corporations	·				
SUBJECT: Village Square (CC (Name of Limited Liability Company)					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Randal G Park (Name of Person)					
(Firm/Company)					
11 Riverside Drive St.	<u>200</u>				
Color Floridy 3292 (City/State and Zip Code)	<u>a</u>				
For further information concerning this matter, pleas	se call:				
Randal G. Park at (3	(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 amount:					
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				



April 19, 2006

RANDAL G. PARK 2245 SYKES CREEK DRIVE MERRITT ISLAND, FL 32953

SUBJECT: VILLAGE SQUARE LLC Ref. Number: L02000026180

We have received your document for VILLAGE SQUARE 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):

You completed the wrong forms.

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

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) 245-6067.

Letter Number: 806A00026588

Neysa Culligan Document Specialist

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.

ageni, or boin, in the sid				
1. The name of the limi	ted liability compa	any is: <u> [/; []4</u>	ge Square	CCC
2. The mailing address	of the limited liab	ility company is:	11 Riversid	e Drive Suite
$\frac{200 C_{0}C_{0}S}{10-04-02}$ 3. Date of filing/registra	•		202000	26180
3. Date of filing/registra	ation in Florida		4. Document numb	
5. The name of the regis Florida Department of the reg	f State: 25 mc Merritt s of the new registe Randa/ Florida street a	Name Address Address City, State and Zi ered agent and/or of Name Name Kes Creck Address (P.O. Box 1	PA 2953 p office: Oriuc NOT acceptable)	TALLAHASSEE, FLORIDA
	Wertt.	Tike FL 32 City, State and Zip	<i>353</i>	
If the limited liability co- confirmed that after the and the business office of liability company, it is hof the members of the li- or the operating agreement (Signature of a member or author)	ompany is not orgation change or changes of the registered agreeby confirmed the limited liability corent of the limited limit	unized under the law s are made, the Flor gent will be identica hat the change(s) w mpany or as otherw iability company.	ws of the State of Florida street address of	f the registered office
Rand 1 6 6 (Printed or typed name of signe) - <u>K</u> e)		ree to act in this capa	acitv. I further agree to
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confirm		relative to the prop gations of my posit being filed to mere liability company k	er and complete per ion as registered ag ly reflect a change in ias been notified in v	formance of my duties, ent as provided for in 1 the registered office vriting of this change.
(Signature of Registered Agent)	1			

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