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NOV -3 AMII:

## **COVER LETTER**

TO: Registration Section Division of Corporations		-
SUBJECT: 530 BURNS LANE, L.L.C (Name o	f Limited Liability Company)	<del></del>
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submit	tted for filing.
Please return all correspondence concernit	ng this matter to the following:	
J. GEOFFREY PFLUGNER (Name of Person)		06 NOV -3 AM 11: 25 SECRETARY OF STATE TALLAHASSEE FLORID
Icard, Merrill, Cullis, Timm, Furen & (Firm/Company)	Ginsburg, P.A.	-3 AN IV: 25
8470 Enterprise Circle, Suite 201		
(Address)		
Bradenton, Florida 34202		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
J. GEOFFREY PFLUGNER	at (941 ) 366-5707	
(Name of Person)	(Area Code & Daytin	ne 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 follow	ing amount:	
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certif	ied 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 limited liability company	is: 530 BURNS LANE, L.L.C.	
2. The mailing address of the limited liability	company is: 1551 2ND STREET, SAR	ASOTA, FLORIDA 34236
FEBRUARY 14, 2003	L03000005746	·
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the re Florida Department of State:	gistered office address as shown on the	records of the
Todd Rincon		0
	Name	₹SF 6±
530 BURNS LANE		F3 2
-	Address	06-NOV -3 I
Sarasota, Florida 3		
. Ci	ty, State and Zip	mg =
6. The name and address of the new registered	d agent and/or office:	AM 11: 25  AM 11: 25  EE. FLORID
J. GEOFFREY PF	LUGNER	SE U
8470 Enterprise Cir	Name rcle, Suite 201	
Florida street addr	ress (P.O. Box NOT acceptable)	
Bradenton,	FL 34202	
City	, State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company it is hereby confirmed that of the members of the limited liability company it is hereby confirmed that of the members of the limited liability company the operating agreement of the limited liability company it is not or the limited liability company in the operating agreement of the limited liability company it is not organized to the liability company it is not orga	e made, the Florida street address of the will be identical. Or, in the case of a F the change(s) was/were authorized by a my or as otherwise provided in the articity company.	registered office Florida limited an affirmative vote
	inder)	
J. GEOFFREY PFLUGNER		
(Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes relained I am familiar with and accept the obligation of the control of the contro	d agent and agree to act in this capacity tive to the proper and complete perform ions of my position as registered agent to gilled to merely reflect a change in the lility company has been notified in writi	). I further agree to nance of my duties, as provided for in e registered office ing of this change.
(Signature of Registered Agent)	<del></del>	
Division of Corporations.	P.O. Box 6327, Tallahassee, FL 3231	14

**FILING FEE: \$25.00**