L030000006431

(Requ	uestor's Name)
(Addr	ess)	
· · (Addr	ess)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ıment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Ei	U 075	

Special Instructions to Filing Officer:

A. LUNT

JUN 03 2008

EXAMINER

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THE ED

RECRETARY OF STATE

SECRETARY OF STATE

, COVER LETTER

TO: Registration Section Division of Corporations				
•				
SUBJECT: Orange-Co, LLC	mited Liability	· Commons)		
(Name of Li	miled Liability	y Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change a	nd fee(s) are submi	itted for filing.	
Please return all correspondence concerning the	his matter to th	ne following:		
John D. O'Connor			TAL Si	
(Name of Person)			L AH	
Collier Investment	<u>-</u> S		MAY 30	
(Firm/Company)			ر چ <u>ي</u>	
3245 Peachtree Parkway, #D-302			I: 58 STATE ORIO	
(Address)			Σ''' α	
Suwanee, GA 30024				
(City/State and Zip Code)				
For further information concerning this matter	r nlease call:			
Torrand mornanon concerning and mane.	i, proude cuir.			
	at (<u>678</u>) 341-6818		
(Name of Person)	(/	Area Code & Dayti	me Telephone l	Number)
STREET/COURIER ADDRESS:	MAI	LING ADDRESS:		
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle		nassee, Florida 3231	4	
Tallahassee, Florida 32301		,		
Enclosed is a check for the following	g amount:			
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified 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 limi	ted liability com	pany is: Orange-Co. I	LC			<u> </u> .
2. The mailing address	of the limited lia	bility company is: _			_	•
3245 Peachtree Parkway	, #D-302 Suwane	e, GA 30024				
02/21/2003 L03000006431						
3. Date of filing/registration in Florida 4. Document no			4. Document nur	nber		
5. The name of the regis Florida Department o	f State:	_	address as shown	on the r	ecords	s of the
	John D. O'C					
		Name				
	3003 Tamiam	ni Trail North, Suite	400			
		Address				
	Naples, FL 34			₽s	圖	
City, State and Zip				20	Œ	amaghadh a
6. The name and address of the new registered agent and/or office:			RETAR HASS	HAY 30		
Ronald M. Mahan			TT -<	Ö	() (2 45 44)	
Name 3003 Tamiami Trail North, Suite 400				OF ST	ס —	M
	Florida stree	t address (P.O. Box	NOT acceptable)	STATE	l: 58	
	Naples	FL 3410	3			
	<u> </u>	City, State and Zip			_	
If the limited liability confirmed that after the and the business office cliability company, it is hof the members of the lor the operating agreem (Signature of a member of auth	change or change of the registered hereby confirmed imited liability cent of the limited	ges are made, the Floagent will be identiced that the change(s) we company or as otherwell liability company.	rida street address al. Or, in the case vas/were authorize	of the r of a Flood d by an	egiste orida l affirn	red office imited native vote
(Signature of a member of auth	orizeu representative o	or a member)				
Thomas J. Flood, Manag						
(Printed or typed name of signe	•					
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir (Signature of Registered Agent	nole	istered agent and agi s relative to the prop bligations of my posi is being filed to mere d liability company i	ree to act in this ca er and complete p tion as registered i ly reflect a change aas been notified ii	ipacity. erforma agent as e in the i n writin	I furt ince of s proveregiste g of th	her agree to f my duties, ided for in ered office nis change.
Divis	ion of Compard	tions D.O. Doy 622	7 Tallahassas El	22214	1	

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