L07000015746

`		
(Re	equestor's Name)	
(Ac	ldress)	
///	ldress)	
(AC	iuless)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		0
	Office Use Onl	lv



700089940177

03/02/07--01015--009 **25.00

O7 MAR -2 AM ID: 32



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

February 26, 2007

Secretary of State Florida Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Areca Properties LLC

Statement of Change of Registered Office and/or Registered Agent

Dear Sir/Madam:

For the purposes of changing the registered office and/or registered agent of the above captioned Areca Properties LLC, enclosed herewith, in duplicate, is a Statement of Change of Registered Office and/or Registered Agent or Both for Limited Liability Company accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Cordially,

Xonda Diven

Enclosure - Check

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provis liability company subm agent, or both, in the S	ions of sections 60 hits the following sta tate of Florida.	8.416 or 608.508, Fi atement in order to c	lorida Statutes, th hange its registere	e undersigne ed office or i	ed limited registered
1. The name of the lim	ited liability compar	ıv is: Areca Properties	LLC		_
2. The mailing address				eading, MA 0°	1864
2/11/2007			L07000015746		
3. Date of filing/registration in Florida 4. Document n		Document number	,		
5. The name of the regi Florida Department	of State:	registered office addr	ess as shown on th	e records of	the
	Daniel M. Bilak	hr			
	1975 Dogwood D	Name		12.12 13.12	0
1875 Dogwood Drive Address		<u> </u>		07 HAR -2	
Marco Island, FL 34145			2.5 2.0	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
City, State and Zip		····	(2)	-√ :=	
6. The name and address	ss of the new register	red agent and/or office	c :	757 707	AHIO: 32
NRAI Services, Inc.				en ja	
	2731 Executive Pa	Name rk Drive, Suite 4		\$ F	\approx
	Florida street ac	ldress (P.O. Box NO 7	Γacceptable)		•
	Weston	FL 33331	· . · · · · · · · · · · · · · · · · · ·		
	C	ity, State and Zip			
If the limited liability of confirmed that after the and the business office liability company, it is the members of the limit the operating agreemen (Signature of a member or authorized)	of the registered age acreby confirmed the ited liability compant of the limited liability.	are made, the Florida and will be identical. (at the change(s) was/very or as otherwise providity company. - **DWhe** - **DW	street address of th	ne registered (office
(Printed or typed name of sign	•				
I hereby accept the app comply with the provisi and I am familiar with Chapter 608, F.S. Or, address, I hereby confu NRAI Services Inc. (Signature of Registered Agen XONDA DIVEN	oointment as register ons of all statutes re and accept the oblig if this document is b m that the limited li	red agent and agree to lative to the proper a ations of my position eing filed to merely re ability company has b	o act in this capaci nd complete perfor as registered agen flect a change in t seen notified in wri	ty. I further mance of my tas provided he registered iting of this c	agree to duties, for in foffice hänge.
Divi	sion of Cornoration	is, P.O. Box 6327. Ta	llahassee FL 32	314	

FILING FEE: \$25.00

INHS18(10/99)