

LD7000036161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

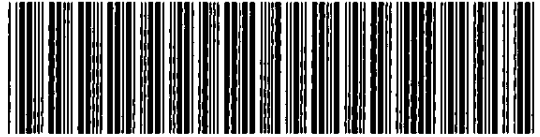
Special Instructions to Filing Officer:

L. SELLERS

MAR 25 2008

EXAMINER

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02/19/08--01014--023 **35.00

2008 MAR 20 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2603 Silver Bluff, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven R. Lacy
(Name of Person)

2603 Silver Bluff, LLC
(Firm/Company)

339 Snowberry Circle
(Address)

Venetia, PA 15367
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven R. Lacy at (412) 227-2889
(Name of Person) (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

fee already paid - see cover memo



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2008

STEVEN R. LACY
339 SNOWBERRY CIRCLE
VENETIA, PA 15367

SUBJECT: 2603 SILVER BLUFF, LLC
Ref. Number: L07000036161

We have received your document for 2603 SILVER BLUFF, 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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 608A00011099

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: 2603 Silver Bluff, LLC
2. The mailing address of the limited liability company is: 339 Snowberry Circle
Venetia, PA 15367
3. Date of filing/registration in Florida 4/10/07
4. Document number LD7000036161

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

Albertelli & Halsema, P.L.
Name
208 North Laura Street, Suite 900
Address
Jacksonville, FL 32202
City, State and Zip

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

Thomas S. Lacy
Name
1396 Fairway Village Drive
Florida street address (P.O. Box NOT acceptable)
Orange Park FL 32063
City, State and Zip

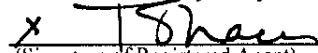
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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)

Steven R. Lacy
(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