

L10000107267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

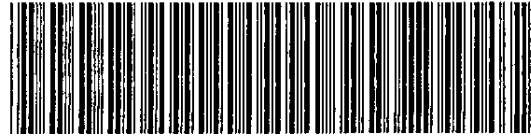
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000195529670

02/24/11--01005--005    \*\*163.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 23 PM 1:04

FILED

J. SAULSBERRY  
EXAMINER

FEB 24 2011

FF \$25

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANP-4, 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:

Shivon Patel  
Name of Person

Firm/Company

7025 CR 46A, Suite 1071, PMB 353  
Address

Lake Mary, FL 32746  
City/State and Zip Code

shivon@principallaw.net  
E-mail address: (to be used for future annual report notification)

FILED  
2011 FEB 23 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Shivon Patel at ( 407 ) 322-3003  
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

**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. Name of the limited liability company: ANP-4, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

19440 Spring Oak Drive  
Eustis, Florida 32736

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

19440 Spring Oak Drive  
Eustis, Florida 32736

10/14/2010  
3. Date of filing/registration in Florida

L10000107267  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Shivon Patel, Esq.


Registered Office Address: 6149 Hedgesparrows Lane  
Sanford, Florida 32771

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Shivon Patel, Esq.

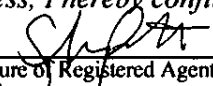
**NEW Registered Office Address:** 7025 CR 46A, Suite 1071, PMB 353  
**(MUST BE FLORIDA STREET ADDRESS)** Lake Mary, FL 32746

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

Dilipkumar Patel  
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 the 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**

FILED  
2011 FEB 23 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA