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DECRETARY OF STATE OF VISION OF CORPORATIONS

## **COVER LETTER**

33,22	
TO: Registration Section Division of Corporations	
SUBJECT: Cedar Ridge of (Name of Limited	Venice, LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Jacques Cloutier	
(Name of Person)	06 APF
Cedar Ridge of Venice, LLC (Firm/Company)	OF APR 24 PH 4: 48
1901 S. Tamiami Trail, Suite A	or o
(Address)	
Venice, FL 34293	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, plea	se call:
Gianna White at(	941 ) 493-2600
(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 amo	unt:
\$25 Filing Fee	S55 Filing Fee & Certified Copy
You have our original \$35.00. We are to be refunded the \$10.00. Thank you.	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2006

JACQUES CLOUTIER CEDAR RIDGE OF VENICE, LLC 1901 S. TAMIAMI TRAIL, SUITE A VENICE, FL 34293

SUBJECT: CEDAR RIDGE OF VENICE, L.L.C.

Ref. Number: L00000001127

We have received your document for CEDAR RIDGE OF VENICE, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Letter Number: 306A00024775

Joey Bryan Document Specialist OG APR 24 PH 4: 40





April 19, 2006

Division of Corporations PO Box 6327 Tallahassee, FL 32314-6327

RE: Letter No. 306A00024775

To Whom It May Concern:

Attached please find the correct completed Change of Registered Office/Agent form.

You can send the filing fee refund of the additional \$10.00 of the \$35.00 we sent originally to the address listed below:

Cedar Ridge of Venice, LLC Attn: Gianna White 1901 S. Tamiami Trail Suite A Venice, FL 34293

Should you have any questions or need any additional information, please feel free to contact us at 941-493-2600.

Thank you,

Sherri Hamilton

Administrative Assistant

exillamilton

/sh

Encl.

## 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 limite	d liability company is:	Cedar R	idge of	Venice.	LLC	
2. The mailing address of	f the limited liability con	npany is : <u>1</u>	901 s.	Tamiami '	Trail,	
	A, Venice, FL				•	
02/01/2000		L	0000000	1127		
3. Date of filing/registration in Florida		-	4. Document number			
5. The name of the register Florida Department of S	ered agent and the registe State:	ered office ad	dress as sh	own on the re	cords of the	ıe
6. The name and address of	Steven W. Mac 227 Pensacola A Venice, FL 34 City, S	Name Road Address 285 State and Zip	ice'		06 APR 24	SECRE DIVISION I
	Jacques Clou Na 1901 S. Tamiami Florida street address (	ame Trail, s			1 PM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARY OF STATE F CORPORATIONS
	Venice.	FL :	34293		•	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authority)	npany is not organized un nange or changes are mad the registered agent will reby confirmed that the content of	nder the laws de, the Florid be identical. change(s) was or as otherwise company.	a street add Or, in the	lress of the re case of a Flor orized by an	egistered of rida limited affirmative	ffice d vote
Jacques Clout						
(Printed or typed name of signee)  I hereby accept the appoil comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)		ent and agree to the proper of my position ed to merely to company has	to act in the and comple n as registe reflect a ch s been notif	is capacity, its capacity, its performan agent as ange in the relations in writing	I further a ice of my a provided f egistered o of this cha	gree to luties, or in office inge.
	40 50					

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