## L000000 14095

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SECRETARY OF STATI FALLAHASSEE, FLORID

IAY 22 PM 1:

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: XXI MANAGEMENT, L.L.C. (Name of Limited	d 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 m	natter to the following:
Bryan J. Stanley, Esq.	
(Name of Person)	· · · · · · · · · · · · · · · · · · ·
Brunn I Stanlow D A	
Bryan J. Stanley, P.A.  (Firm/Company)	
114 Turner Street	75. 74. SE
(Address)	
Clearwater, Florida 33756	TARY OF STATA
(City/State and Zip Code)	
For further information concerning this matter, ple	₩ Z
Bryan J. Stanley, Esq. at ( 7	727 <sub>)</sub> 461-1702
(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	ount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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:	XXI Management, L.L.C.		
2. The mailing address of	f the limited liability co	ompany is : 2230 West Bay Driv	e, Suite D	• • • • • • • • • • • • • • • • • • • •
Largo, Florida 33770				
11/09/2000		L0000014095	,	
3. Date of filing/registration in Florida 4. Document nu		nber		
5. The name of the register Florida Department of		stered office address as shown	on the records of	the
· · · · · · · · · · · · · · · · · · ·	John P. Martin	•		
		Name		
	401 S. Lincoln Avenu	ae		
		Address	,	
	Clearwater, Florida 3		-	
	City,	State and Zip		
6. The name and address of	of the new registered a	gent and/or office:		
	Bryan J. Stanley, Es	q.	•	
	114 Turner Street	Name	ZS	90
		s (P.O. Box NOT acceptable)	<u> 59</u>	
	Fiorida Sireet address	s (F.O. Box 1401 acceptable)	<b>是</b> 有	~ ~ ~n
	Clearwater	FL <b>33756</b>	発音	io =
	City, S	State and Zip	O	3 0
confirmed that after the cl and the business office of liability company, it is her	nange or changes are me the registered agent we reby confirmed that the reted liability company of the limited liability.		of the registered of a Florfda limied by an affirmati	-office i <del>fe</del> d ive vote
H. STANK	En SIGER		•	
(Printed or typed name of signee)	<u> </u>			
MUMM. SI	intment as registered a s of all statutes relativ d accept the obligation his document is being hat the limited liabili	gent and agree to act in this co e to the proper and complete p is of my position as registered filed to merely reflect a change ty company has been notified i	ipacity. I further erformance of m agent as provide e in the registere n writing of this c	agree to y duties, d for in d office change.
(Signature & Registered Agent)	<i>[</i> ]	0 D 400		
( Divisio		O. Box 6327, Tallahassee, FI G FEE: \$25.00	32314	

INHS18 (8/05)