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Division of Corporations

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Account Number : Il9990000249 Phone

: (813)222-6640

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: (813)314-6979

REGISTERED AGENT CHANGE

BOOS-MCBRIDE COMMERCIAL & 94TH, LLC

Certificate of Status	0
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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 lim	ited liability company is: $_$	Boos-McBride C	Commercial & 94	ch, LLC
2. The mailing address	of the limited liability com	pany is: 2651 Mc	Cormick Drive	
			ter, FL 33759	
03/07/2001		L01	.000003538	
3. Date of filing/regists				
5. The name of the regi Florida Department of	stered agent and the register of State:	red office address as	shown on the recor	rds of the
	Bryan J. Stanley,	Esq.		•
	Ruden, McClosky, 1 401 E. Jackson St	Selfe, Schuster reet, 2700 Suntr	& Russell, P.A	Centre '''
	A Tampa, FL 33602	ddress		24 S
•	City, St	tate and Zip		
6. The name and addres	s of the new registered age Robert B. Boos	•		14.52 14.52
	Boos Development	Group, Inc.		
	Na 2651 McCormick Dr:	me f	-	
	Florida street address (ptzble)	11.25 11.25 11.25 11.25 11.25
•	Clearwater.	FL 33759	•	X -2
•	City, Star	te and Zip	· ·	
confirmed that after the and the business office liability company, it is is the members of the limit the operating operation.	company is not organized unchange or changes are mad of the registered agent will hereby confirmed that the characteristic company or as including the limited liability company or as confirmed liability company or as confirmed liability company or as confirmed to the limited liability company or a second liability company to the limited liability company to the l	le, the Florida street a be identical. Or, in the hange(s) was/were au otherwise provided i	address of the regis he case of a Florida athorized by an affi	tered office I limited rmative vote
	Development Group,	Inc., Managing M	iember ·	
(Printed or typed name of signs			•••	
	ointment as registered ager ons of all statutes relative to and accept the obligations of this document is being file in that the limited liability o	it and agree to act in the proper and com it the proper and com if my position as region to merely reflect a company has been no	this capacity. I fu plete performance stered agent as pro change in the regi tified in writing of	rther agree to of my duties, ovided for in stered office this change.
(Signature of Remistered Agent				
Titanta		T1 6700 75 11 - 1	YOY 00014	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00