

W01000013199

W0-189-00524-00671 Wrong form - LLC NOT Corp

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

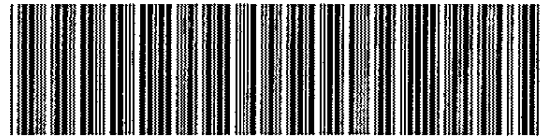
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/10 R/A change

W01-13199

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE

Bruce D. Oberfest & Associates

Tax & Business Consultants

287 King Street
Chappaqua, New York 10514

Tele: (914) 238-3800

Fax: (914) 238-3138

June 25, 2004

Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

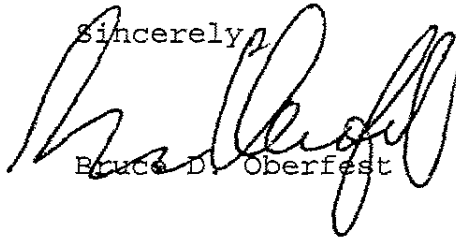
On behalf of Marablue Farm LLC, I am enclosing the following items:

1. Transmittal letter
2. Statement of Change of Registered Agent
3. Check for \$35

Could you please process the Change of Registered Agent. We would appreciate if you could send us a signed copy of the approved change so that we can forward it to our former registered agent.

If you have any questions or comments, please call.

Sincerely,



Bruce D. Oberfest

BDO:al

Encl.

S:\Nozk\Marablue\2004\Dept State.Reg Agent Change.0625.04.wpd

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marablue Farms LLC
(Name of corporation)

DOCUMENT NUMBER: 301A00045556

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Oberfest
(Name of person)

Marablue Farm
(Name of firm/company)

P.O. Box 108
(Address)

Reddick, FL 32686
(City/state and zip code)

For further information concerning this matter, please call:

Bruce Oberfest at (914) 238-3800
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2004

BRUCE D. OBERFEST
BRUCE D. OBERFEST & ASSOCIATES
287 KING STREET
CHAPPAQUA, NY 10514

SUBJECT: MARABLU FARMES LLC
Ref. Number: L01000013199

We have received your document for MARABLU FARMES 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):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

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.

Michelle Hodges
Document Specialist

Letter Number: 604A00044909

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: Marablu Farms LLC

2. The mailing address of the limited liability company is: P.O. Box 108, Reddick, FL 32686

3. Date of filing/registration in Florida 8/7/2001

4. Document number 301A00045556

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

CSC - Attn: Records Dept.
Name
2711 Centerville Rd., Suite 400
Address
Wilmington, DE 19808
City, State and Zip

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

Ginny Clingenpeel
Name
3900 Northwest 165th Street
Florida street address (P.O. Box NOT acceptable)
Reddick FL 32686
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

A. Douglas Henderson
(Signature of a member or authorized representative of a member)

A. Douglas Henderson, Member
(Printed or typed name of signer)

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.

Ginny Clingenpeel
(Signature of Registered Agent) Ginny Clingenpeel

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