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MAR 25 2011

EXAMINER

CANTWELL, FOUGEROUSSE & GOLDMAN, P.A.

Attorneys and Counselors At Law 96 Willard Street, Suite #302 Cocoa, FL 32922-7947 Telephone: (321) 639-1320 Facsimile: (321) 639-9950

William H. Cantwell, II 1,2 Philip Fougerousse 3,4 Mitchell S. Goldman Of Counsel: Robert L. Beals Howze, Monaghan & Theriac, PLC

1 Board Certified Construction Lawyer and Board Certified Business Litigation Lawyer

2 Also Member of West Virginia Bar

3 Certified Circuit Civil and Family Mediation and Appellate Mediation

4 Also Member of Indiana and Alabama Bars

March 23, 2011

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

RE: ERDMAN PROPERTIES L.L.C.

Dear Sir/Madam:

With regard to the above referenced matter, enclosed please find the following:

- $_21._2$ Copy of your letter returning our document
- 2. Division of Corporations Cover Letter
- . 3. Statement of Change of Registered Agent

Should you have any questions, please do not hesitate to contact this office.

Thank you.

Chris Jackson, Assistant to Mitchell S. Goldman, Esq.

Enclosure(s)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2011

MITCHELL S. GOLDMAN, ESQ. CANTWELL, FOUGEROUSSE & GOLDMAN PA 96 WILFORD ST., SUITE 302 COCOA, FL 32922

SUBJECT: ERDMAN PROPERTIES L.L.C.

Ref. Number: L01000019286

We have received your document for ERDMAN PROPERTIES 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):

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 111A00006544CRE TARY

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ		ERDMAN PROPERTIES L.L.C.		
	•	Name of Limited Liability Company		
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.		
Please	return all correspondence co	oncerning this matter to the following:		
	Beth Baxt			
	Name of Person			
	ERDMAN PROPER Firm/Company	TIES L.L.C.		
	445 E. Merritt Isla	nd Cswy.	الاست	
	Address	AHASSEE, FL		
	Merritt Island, FL	. 32952 T		
	City/State and Zip C	- 32952 SEE, FLORIDA nmotors.com	J	
	hhavtar@mikaardma	[] fra		
E	bbaxter@mikeerdma mail address: (to be used for future ar	inual report notification)		
For fu	rther information concerning	this matter, please call:		
	Beth Baxter	at (321) 453-2050 x144		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327		
	Enclosed is a check for th	e following amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	<u> </u>	

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.

Name of the limited liability company:	ERDMAN PROPERTIES L.L.C.
2. (a) Principal office address of limited liability con	npany: 445 E. Merritt Island Cswy.
(Note: MUST BE STREET ADDRESS)	Merritt Island, FL 32952
(b) Mailing address of limited liability company:	445 E. Merritt Island Cswy.
(Note: MAY BE POST OFFICE BOX)	Merritt Island, FL 32952
03/22/2011	L01000019286
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Robert L. Beals PA
Registered Office Address:	96 Willard Street, Suite 302 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(b) Enter name of <u>NEW Registered Agent</u> and/or	17 T S T S T S T S T S T S T S T S T S T
NEW Registered Agent:	Mitchell S. Goldman, Esq.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	96 Willard Street, Suite 302
	Cocoa ,FL32922
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or the operating agreement of the limited liability or the operating agreement of	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Michael H. Erdman	
Printed or typed name of signee I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or if this document is being filed to address, I hereby confirm that the limited liability con Signature of Registered Agent	and agree to act in this capacity. I further agree to ne proper and complete performance of my duties, ny position as registered agent as provided for in o merely reflect a change in the registered office npany has been notified in writing of this change.