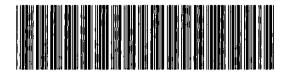
LD1000021881

(Requestor's Name)
(Address)
(Address)
(Marcos)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(======================================
0.00
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400113224984

12/21/07--01011--033 **25.00

07 DEC 21 AM IO: 12
SECRETARY OF STATE

N. Culligata DEC 24 3002

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Bahamian Village, LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Debra Sinkle Kolsky (Name of Person)			
Redevco Grand, LLC (Firm/Company)			
11098 Biscayne Boulevard, Suite 103			
(Address)			
Miami, Florida 33161	_ 		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Debra Sinkle Kolsky at (305	981-0888		
(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 amount:			
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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.

agein, or som, in the state of I tortal	W1	
1. The name of the limited liability	company is: Bahamian Village, LLC	
2. The mailing address of the limite	d liability company is : 1175 NE 125th Stree	et, Suite 103
North Miami, Florida 33161		
12/17/2007	L01000021881	
Date of filing/registration in Florida 4. Document number		er
5. The name of the registered agent a Florida Department of State:	and the registered office address as shown on	the records of the
Redevc	o Grand, LLC	
	Name	
1175 NE	125th Street, Suite 103	
	Address	
North Mi	ami, Florida 33161	TAS 07
140111111	City, State and Zip	FE 2 TI
6. The name and address of the new registered agent and/or office:		DEC 2
Padayco	Grand, LLC	SSET I
Nedevoc		
11098 Ri	Name scayne Boulevard, Suite 103	[0 ST 6:
	treet address (P.O. Box NOT acceptable)	AM IO: 12 EE FLORIDA
i iorida si	ineet address (F.O. Box 1101 acceptable)	5
Miami, Fl	orida 33161 FL	
	City, State and Zip	
confirmed that after the change or ch and the business office of the register liability company, it is hereby confir	t organized under the laws of the State of Florianges are made, the Florida street address of red agent will be identical. Or, in the case of med that the change(s) was/were authorized by company or as otherwise provided in the anited liability company.	the registered office a Florida limited by an affirmative vote
Signature of a member or authorized representa	tive of a member)	
Debra Sinkle Kolsky		
(Printed or typed name of signee)		
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this documend address, I hereby confirm that the light	registered agent and agree to act in this capa utes relative to the proper and complete perfo e obligations of my position as registered age int is being filed to merely reflect a change in nited liability company has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office criting of this change.

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

(Signature of Registered Agent)