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EXAMINER

08 MAY 19 PH 4: 13

SECRETARY OF STATE

## . COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gannon Equities-Chatham Pines, L (Name of Limited L	
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	er to the following:
·	
Diane Dishon Gacki	
(Name of Person)	
Gannon International, Ltd.	
(Firm/Company)	<del></del>
11301 Olive Boulevard	
(Address)	<del></del>
0.141.1.140.00444	
Saint Louis, MO 63141 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Diane Dishon Gacki at ( 314	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amoun	ıt:
\$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 77 04 1		Connec Equities Chatham Dines	110	
1. The name of the lim	ited liability company is:	Gannon Equities-Chatham Pines,	LLC	•
2. The mailing address	s of the limited liability cor	npany is: 11301 Olive Boulev	ard, St. Louis, MC	63141
0.10.4.10.00.0		1,0000007444		*
3/21/2002		L02000007114		
3. Date of filing/regist	ration in Florida	4. Document nui	mber	
5. The name of the registration of the registr		ered office address as shown	on the records of	f the
•	Sybil C. Field			
		Name	<b>■</b>	
	9150 SW 87th Ave, St	e 201	_	单
		Address	00	<del> </del>
	Miami, FL 33176		_	SEC.
	City, S	State and Zip		95 - RA
6. The name and address of the new registered agent and/or office:		φ 2	$- \bowtie \prec \square$	
	Michael Hoeflinger		_	
		lame		
	11803 NE 11 Place		دب	
	Florida street address	(P.O. Box <b>NOT</b> acceptable)		<b>-</b>
	Biscayne Park	FL Florida 33161		
	City, St	ate and Zip		
confirmed that after the and the business office liability company, it is of the members of the or the operating agreer	e change or changes are ma of the registered agent will hereby confirmed that the		s of the registered e of a Florida lim ed by an affirmat	l office ited tive vote
Bohart Croons Mamb	or.			
Robert Greene, Member (Printed or typed name of sign				
` ,,	pointment as registered ag ions of all statules relative and accept the obligations if this document is being f irn that the limited liability	tent and agree to act in this c to the proper and complete t to fmy position as registered iled to merely reflect a chang to company has been notified i	apacity. I furthe performance of m agent as provide e in the registere in writing of this	r agree to ny duties, ed for in ed office change.
Divi	ision of Corporations, P.G	D. Box 6327, Tallahassee, Fl	L 32314	

**FILING FEE: \$25.00**