

L02000009431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

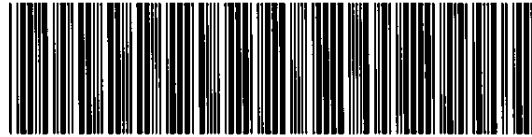
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RECEIVED
06 JUN -8 PM 4:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2006 JUN -8 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

June 8, 2006

Secretary of State's Office
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

RE: Surrey Place of Bradenton, LLC
Document Number L02000009432

Surrey Place of Lecanto, LLC
Document Number L02000009431

FILED
2006 JUN -8 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed for filing are Statements of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced entities. Also enclosed are two checks for \$25.00 each to cover the filing fee for each entity.

Thank you for your assistance.

Sincerely,



Chris Vause
Secretary to Robert A. Pierce

/cv

Enclosures

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**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: Surrey Place of Lecanto, LLC
2. The mailing address of the limited liability company is: 2851 Remington Green Circle,
Tallahassee, Florida 32308

04/19/2002

L02000009431

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Joseph D. Mitchell

Name

2851 Remington Green Circle

Address

Tallahassee, Florida 32308

City, State and Zip

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

Robert A. Pierce

Name

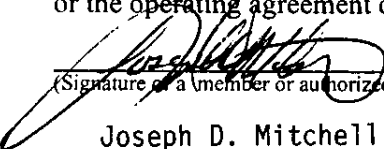
227 South Calhoun Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

City, State and Zip


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.


(Signature of a member or authorized representative of a member)

Joseph D. Mitchell

(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.


(Signature of Registered Agent)

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA