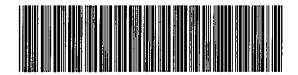
## 102000010625

(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:						

Office Use Only



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2009 NOV 19 AM ID: 08
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

NOV 20 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
	·							
SUBJ	SUBJECT: Dixie Arbors, LLC  Name of Limited Liability Company							
	Name o	f Limite	ed Liab	ility C	ompany			
Dear S	Sir or Madam:						•	
The er	nclosed Registered Agent/Registered	i Office	Chang	e and	fee(s) are submitted for	filing.		
Please	return all correspondence concerni	ng this n	natter t	o the f	following:			
	Harry Zuker							
1	Name of Person							
·	Firm/Company			<del></del>				
	1 title Company					<del>4</del>	-2	
	4800 N. Federal Highway Suite	e 205.F	<b>.</b>		, .	SEC	2009 NOV 19	
	Address	<u> </u>		<del></del> ·	,	至配	10V	
		٠,				ASS	-9	
	Boca Raton, FL 33431					mo		
	City/State and Zip Code					70	<u> 35</u>	
						至至	AM KO: OB	
E-1	hzuker@comnetrealty.com  E-mail address: (to be used for future annual report notification)						CD	
For Su	ther information concerning this ma	stan mla	1	١.				
POI IUI	rther information concerning this ma	mer, pie	ase car	1;				
	Lynn Armata	at (	561	`	999-9300			
	Name of Person	a. (_		Area C	ode & Daytime Telephone Numi	ber	-	
	STREET/COURIER ADDRESS:		M	ATT YN	C ADDDECC.			
STREET/COURIER ADDRESS: MAILING ADDRESS; Registration Section Registration Section								
	Division of Corporations Division of Corporations							
	Clifton Building P.O. Box 6327							
	2661 Executive Center Circle Tallahassee, Florida 32314							
	Tallahassee, Florida 32301							
Enclosed is a check for the following amount:								
[	\$25 Filing Fee & Certified Copy							
	•		_					

INHS18 (5/08)

## 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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company:	Dixie Arbors L.L.C.
2. (a) Principal office address of limited liability compa	ny: 4800 N. Federal Highway
(Note: MUST BE STREET ADDRESS)	Suite 205-B Boca Raton, FL 33431
(b) Mailing address of limited liability company:	4800 N. Federal Highway
(Note: MAY BE POST OFFICE BOX)	Suite 205-B Boca Raton, FL 33431
05/03/02	L020000010625
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Zuker, Harry
Registered Office Address:	4800 NW Corporate Boulevard, Suite B205 Boca Raton, FL 33431
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	
NEW Registered Agent:	E C C
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4800 N. Federal Highway
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Harry Zuker Printed or typed name of signee	<b></b> -
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant of am familiar with and accept the object of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby compart that the limited liability comparts of Rogistard Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314

**FILING FEE: \$25.00**