

L020000014236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 17 PM 3:13

**Blackford, LLC**

12295 Cascades Pointe Drive  
Boca Raton, FL 33428

FILED STATE  
SECRETARY OF CORPORATIONS  
04 JUN 17 PM 3:13

January 28, 2004

Reference: Blackford, LLC, Document Number L02000014236

Glenda E. Hood  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Ms. Hood:

The Members of Blackford, LLC requests that Florida Department of State reinstate Blackford, LLC, Document Number L02000014236. Additionally, we request a change of Registered Agent. Enclosed, you will find the following documents:

1. Application for Reinstatement;
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and;
3. A company check for the reinstatement fee of \$200.00 and;
4. A company check for the \$25.00 change of Agent Fee.

If you require any further clarification or any additional information, please don't hesitate to contact us at (561) 376-7338.

Sincerely,



David M. Weaver  
Blackford, LLC  
Enclosures (4)

**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: Blackford, LLC
2. The mailing address of the limited liability company is : 12295 Cascades Pointe Drive  
Boca Raton, Florida 33428

June 10, 2002

L02000014236

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:

Edward Kennedy Cherry, Esq.

Name

8040 NW 96th Terrace, Number 4-206

Address

Tamarac, FL 33321

City, State and Zip

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

Ralph B. Rhodes

Name

6675 Castlawn Place

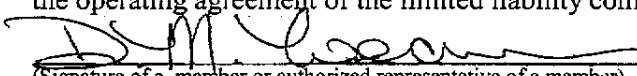
Florida street address (P.O. Box NOT acceptable)

Naples

FL , 34113-1614

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)

David M. Weaver  
(Printed or typed name of signee)

*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

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DIVISION OF CORPORATIONS  
04 JUN 17 PM 3:13