62000011394

(Re	questor's Name)	
(Add	dress)	
(Address)		
(City	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Due	singes Entity No.	
(Dus	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certified Copies Certificates of Status	
Special Instructions to I	Eiling Officer:	1
Opecial manucions to	imig Officer.	
•		
<u> </u>		





500108577095

08/24/07--01038--013 **35.00

SCOOK SET OF STATE



COVER LETTER

TO : /	Amendment Section P Division of Corporations		
SUBJEC	CT: Green be 1+ Properties (Name of Corporati	on)	
DOCUM	MENT NUMBER: EIN # 32-0034347	<u></u>	
The encl	osed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the f	ollowing:	
	Ellen Bolton (Name of Contact Per	rson)	
	GREEN belt Proper (Firm/Company)	ties	
	7048 Narcoossee Address)	<u>A</u>	
	OR lando, FL 32825 (City/State and Zip C	Ode)	
For furth	er information concerning this matter, please call:		
<u> </u>	N BOLTON at (()	Area Code & Daytime Telephone Number)	
•	l is a \$35.00 check made payable to the Department of		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



August 30, 2007

ELLEN BOLTON 7048 NARCOOSSEE RD ORLANDO, FL 32822

SUBJECT: GREENBELT PROPERTIES, LLC Ref. Number: L02000017394

We have received your document for GREENBELT PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline **Document Specialist**

Letter Number: 007A00052116

GREENBELT PROPERTIES, LLC

7048 Narcoossee Road Orlando, FL 32822

Phone: 407/245-7776 Fax: 407/245-7533 Members:
David G. Liu, Manager
John S. Hagood

September 13, 2007

Ms. Tammi Cline Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

· Ms. Cline:

Enclosed is a request to change the registered agent for Greenbelt Properties, LLC. This paperwork is resubmitted per your request to use forms specific to Limited Liability Corporations instead of the form for Corporations.

The original request was on form number CR2E045 and included the \$35 filing fee. It appears the request for change of registered agent for limited liability companies is \$25; therefore, a refund of \$10.00 is due to Greenbelt Properties.

Ms. Cline, thank you in advance for handling this request and for the refund.

Sincerely,

Ellen Bolton Office Manager Greenbelt Properties

COVER LETTER

Division of Corporations
SUBJECT: GREEN be It Properties (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clen Bolton (Name of Person) Greenbelt Properties (Firm/Company) Moy8 Narcoosse E Rd (Address) Orlando, FL 32822 (City/State and Zip Code)
For further information concerning this matter, please call:
Clew Bocton at (407) 245-7776 (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:
S25 Filing Fee \$35.00 \$55 Filing Fee & Certified Copy (heck for \$35.00 INHS18 (8/05) Submitted 8/22/57

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. & REENbelt 1. The name of the limited liability company is: (2. The mailing address of the limited liability company is: // 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: Name Florida street address (P.O. Box NOT acceptable) 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. representative of a member) (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.

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

(Signature of Registered