10200017575

Kenny Garrett (Requestor's Name)				
(Address)				
8700 Southern Breeze Dr (Address)				
Orlando FL 30836 (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
LO2-17575 707				
Office Use Only				



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03/25/05--01041--021 **105.00

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 30, 2005

KENNY GARRETT 8700 SOUTHERN BREEZE DR. ORLANDO, FL 32836

SUBJECT: CITRUS RIDGE BUSINESS CENTER, LLC

Ref. Number: L02000017575

We have received your document for CITRUS RIDGE BUSINESS CENTER, LLC and your check(s) totaling \$105.00. 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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 005A00021668

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.

ugent, or both, in the Bi	are of 1 rorrad.		
1. The name of the limit	ited liability company is	Citrus Ridge Business Center,	LLC
2. The mailing address	of the limited liability of	company is: 8700 Southern Breez	ze Drive
Orlando, Florida 328			
07/12/2002		L02000017575	
3. Date of filing/registr	ation in Florida	4. Document number	
5. The name of the regis Florida Department of	stered agent and the regi of State: Kenny, Garrett	istered office address as shown on the	e records of the
	8820 Phillips Bay	Name Drive	
	Orlando, Florida 3	Address 2836 v, State and Zip	
6. The name and addres	s of the new registered	agent and/or office:	
	Kenny, Garrett		
	8700 Southern Bre	Name eeze Drive	
	Florida street addre	ss (P.O. Box NOT acceptable)	
	Orlando,	FL 32836	
	City,	State and Zip	
confirmed that after the and the business office liability company, it is h	change or changes are a of the registered agent whereby confirmed that the ted liability company of the limited liability of the limited liability.	•	e registered office Florida limited an affirmative vote of
Garrett Kenny			2: 16 2: 16 LORID
(Printed or typed name of signo	-		7>
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir	pointment as registered a ons of all statutes relation and accept the obligation of this document is being on that the limited liabil	agent and agree to act in this capacit we to the proper and complete perfor ns of my position as registered agent filed to merely reflect a change in th ity company has been notified in wri	y. I further agree to mance of my duties, as provided for in the registered office ting of this change.
(Signature of Registered Agent) Var		

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