

LO2 0000 18830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

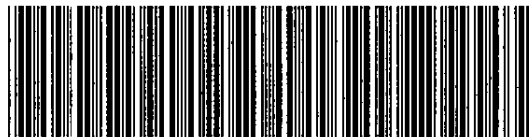
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC 14 2009

EXAMINER



Law Office of
TIMOTHY C. SCHULER

Timothy C. Schuler, Esq.
Board Certified - Real Estate

Lynn A. Brauer, Esq.

December 9, 2009

Secretary of State
Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, Florida 32314

Re: Corkscrew East Energy, L.L.C.

Dear Sir/Madam:

Enclosed is an original Change of Registered Office and/or Agent for filing with your department, together with our check in the amount of \$25.00.

Please forward your acknowledgments of the change to the undersigned.

Sincerely yours,

Timothy C. Schuler

TCS/lh
Enclosures

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Corkscrew East Energy, L.L.C.

2. (a) Principal office address of limited liability company: 9000 Sheridan Street
(Note: MUST BE STREET ADDRESS) Suite 130
Pembroke Pines, FL 33024

(b) Mailing address of limited liability company: 9000 Sheridan Street
(Note: MAY BE POST OFFICE BOX) Suite 130
Pembroke Pines, FL 33024

July 25, 2002 L02000018830

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Steven W. Deutsch, Esq.

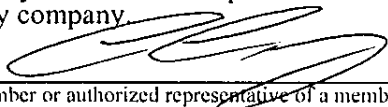
Registered Office Address: Frank Weinberg Black, PL
7805 SW 6th Court
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Timothy C. Schuler

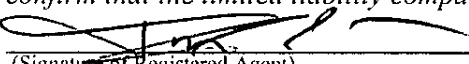
NEW Registered Office Address: 9075 Seminole Blvd.
(MUST BE FLORIDA STREET ADDRESS) Seminole, FL 33772

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)

Clemente E. Cruz
(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
FILING FEE: \$25.00