

L02 000029623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

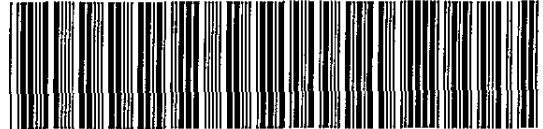
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600013079946

03/06/03--01063--002 \*\*105.00

RECEIVED  
TALLAHASSEE, FLORIDA

03 APR - 2 PM 2:27

FILED

L02-29623  
CK



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 10, 2003

PETER RAY  
712 US HIGHWAY ONE, SUITE 400  
NORTH PALM BEACH, FL 33408

SUBJECT: S.L. 2002, LLC  
Ref. Number: L02000029623

We have received your document for S.L. 2002, 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: 103A00014920

RECEIVED  
TALLAHASSEE, FLORIDA  
MAR 11 2003

03 MAR - 3 PM 2:27

FILED

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** S.L. 2002, LLC  
(Name of corporation)

**DOCUMENT NUMBER:** L02000029623

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter R. Ray, Esq.  
(Name of person)

Cohen, Norris, Scherer, Weinberger & Wolmer  
(Name of firm/company)

712 US Highway One, Suite 400  
(Address)

North Palm Beach, FL 33408  
(City/state and zip code)

For further information concerning this matter, please call:

Peter R. Ray, Esq. at ( 561 ) 844 - 3600  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 APR - 3 PM 2:27

FILED

# 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: S.L. 2002, LLC
2. The mailing address of the limited liability company is: 900 N. Federal Highway, Suite 410  
Boca Raton, FL 33432

3. Date of filing/registration in Florida 11/06/02
4. Document number 102000029623

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Elizabeth A. Brandon-Brown, Esq.

Name

900 N. Federal Highway, Suite 410

Address

Boca Raton, FL 33432

City, State and Zip

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

Peter R. Ray, Esq.

Cohen, Norris, Scherer, Weinberger & Wolmer

Name

712 U.S. Highway One, Suite 400

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

North Palm Beach FL 33408

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.

*Hanna R. Baccho*  
(Signature of a member or authorized representative of a member)

Hanna R. Baccho  
(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]*  
(Signature of Registered Agent)

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

03 APR - 3 PM 2:27  
STATE AND COUNTY  
TALLAHASSEE, FLORIDA

FILED