## L02000033570

•							
	(Requestor's Name)						
Radcliffe Development Co., LLC 2424 Curlew Rd. Palm Harbor, FL 34683							
(City/State/Zip/Phone #)							
	PICK-UP WAIT MAIL						
	(Business Entity Name)						
	(Document Number)						
Certified (	Copies Certificates of Status						
Special	Instructions to Filing Officer:						
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100 HAY 12 P 3 25 SECRETARY OF STATE

## 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:		La Risa Development Co., LLC					
2. The mailing address of							
	<u></u>		Palm Harbor, FL				
05-07-04		e garanter	_L020 <u>0</u> 0032570	<b>)</b>			
3. Date of filing/registrati		4. Document num	ıber				
5. The name of the registe Florida Department of S	State:	tered office	address as shown o	on the records of	of the		
•	Robert Flynt	<u> </u>	n4	•			
	880 Mandalay Ave.	Name C-908		95			
Address Clearwater, FL 33767 City, State and Zip  6. The name and address of the new registered agent and/or office:							
	City,	State and 2	Zip	£8 ₹			
6. The name and address of	of the new registered ag	gent and/or	office:	ASS Y	<del></del>		
	Robert Flynt			2 P			
	2424 Curlew Rd.	Name	Jane Garage Comment	STATE	Ö		
Florida street address (P.O. Box NOT acceptable)							
	Palm Harbor	FL 346	83		***		
	City, S	tate and Zi	p	•			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	anna ar changae ara m	ada the Pl	arida atrast addrsee i	of the registers	d office		
(Signature of a member or authori	zed representative of a member	er)		** .			

Robert L. Flynt

(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.

And a programmed MC

(Signature of Registered Agent)

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

FILING FEE: \$25.00

INHS18(10/99)