02502

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,- |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



700111220287

10/31/07--01014--007 **25.00

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: GREEN AKERS LLC (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: |
| ROBERT W. AKERS (Name of Person) |
| (Firm/Company) |
| 3313 SUNSET KEY CIRCLE #501 |
| PUNTA GORDA, FL 33955 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| ROBERT W. AKERS at (941) 637-7171 (Name of Person) (Area Code & Daytime Telephone Number) PTIMOTHY R. AKERS (954) 767-0878 |
| 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: |
| \$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$ |

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.

 $\boldsymbol{\varepsilon}$

| agent, or voin, in the state of Pioriaa. | | |
|---|---|---|
| 1. The name of the limited liability company is: <u>GREEN AKERS LL</u> | <u>.C</u> | , |
| 2. The mailing address of the limited liability company is: 33/3 SUN/SET KE | <u>ΞΥ </u> | IRCE |
| #501, PUNTA GORDA, FL 33955 | | • |
| OCTOBER 26, 2007 (NEW) L0300000 2502 | | |
| 3. Date of filing/registration in Florida JANUARY 22, 2003 (ORIGINAL) 4. Document number | | |
| 5. The name of the registered agent and the registered office address as shown on the records Florida Department of State: | of the | |
| TIMOTHY R. AKERS Name 1116 AVOCADO ISLE Address FT. LAUDERDALE, FL 33315 City, State and Zip | | |
| 1116 AVOCADO ISLE | 0 | S. S |
| FT. LAUDERDALE, FL 333/5 | 0 7 0CT | SICE |
| City, State and Zip | ယ | |
| 6. The name and address of the new registered agent and/or office: | ~~ | |
| ROBELT W. AKERS | PHI | |
| 3313 SUNSET KEY CIRCLE #501 | l: 38 | |
| Florida street address (P.O. Box NOT acceptable) | 4 | **** |
| PUNTA GORDA FL 33955 | | |
| City, State and Zip | | |
| If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida li liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of or or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) | ed offi mited native v | vote |
| ROBERT W. AKERS (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as provided the proper that the limited liability company has been notified in writing of the (Signature of Registered Agent) | her agn my du ded fon red off is chan | ree to ties, r in fice ige. |

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