2008 LIMITED LIABILITY COMPANY

FILED May 01, 2008 8:00 am Secretary of State

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DOCUMENT # L0300006364 1. Entity Name HUNTER REAL ESTATE SERVICES OF FLORIDA, L.L.C.							ary of St 90017 046 ***13	
Principal Plac	e of Business	Mailing Address	•]			
3 911 E COL		C/O WHITLEY & COMPAN	IVO					
	FL 32806 P.O. BOX 536973							
Oldsilloo, II	ORLANDO, FL 32853-6973							
		OND 11100, 12 02000 0	0.0				EXIL 2700 ENTS JUL 600 ED	ET IN IETN
2. Principal Place of Business - No P.Q. Box # 2. 3. Mailing Addr 4809 E, Colonial De 3.			ddress					
Suite, Apt. #. etc.		Suite, Apt. #, etc.			04302008	Chg-LLC	CR2E083 (12/06)	
ORIANDO FI		City & State		4. FEI Numbe 02-0678		 	plied For t Applicable	
328		Zip	Country			of Status Desired	S5.00 Add Fee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Re	gistered Agent	
LUNTED	DA) (ID 14		N	lame T	arid .	M. Huuth	P.L.	
HUNTER,			S	Street Address (P.Q. Box Number is Not Acceptable)				
391 1 E GOLONIAL DR ORLANDO, FL 32803				48		0/00/14/	(1)e.	Ì
ORLANDO	J, FL 32803							
		,	С	ity Do 14	ondo		FL 328	b3
8. The above	named entity submits this statement for	the purpose of gnanging its r	egistered o	ffice or register	red agent, or bot	h, in the State of Flor	ida. I am familiar with,	and accept
the obligat	tions of registered agent.	$\gamma / 1$					1	
CICALATUDE	(/ land	18/				U/2	9108	
SIGNATURE .	Signature, typed or printed name of registered agent a	ind title Papplicable. (NOTE:	Registered Age	int signature required	d when reinstating)	7/0	DATE	
					1			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	CHANGES	
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TITLE NAME STREET ADDRESS CHY-ST-ZIP			CITY-ST- TITLE NAME STREET AC CITY-ST-	DORESS ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-ST-	DORESS ZIP	l in Chapter 119,	Florida Statutes. I fur : that I am a manari	ther certify that the info	ormation
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. Thereby indicates	certify that the information supplied with d on this report is true and accurate and ability company or the feceiver or trustee	this filing does not qualify for that my signature shall have to empowered to except the this	TITLE NAME STREET AC CITY-ST- the exempt the same leg eport as rec	DORESS ZIP Idons contained gal effect as if r	made under oath	:that (am a managi	ther certify that the info	ormation
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