L03000013117

| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | - | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT | ΛAIL | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| LD7-13227 PA | | | |

Office Use Only



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03/30/06--01053--032 **25.00



COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Double D Ranch, 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: Angela D. Soto, Esquire (Name of Person) (Firm/Company) 1100 Northwest 15th Avenue (Address) Pompano Beach, FL 33069 (City/State and Zip Code) For further information concerning this matter, please call: at (954 Angela D. Soto, Esquire (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to tallability comp agent, or both | the provisions of sections 608.416 cany submits the following statement, in the State of Florida. | 5 or 608.508, Florida Statutes, ent in order to change its regis | , the undersigned limit stered office or register | 'ea 'ea |
|--|--|--|---|------------|
| 1. The name | of the limited liability company is: | Double D Ranch, LLC | | |
| 2. The mailin | g address of the limited liability co | ompany is: <u>1100 NW 15th</u> | Avenue | |
| Pompano 1 | Beach, Florida 33069 | | | |
| 04/11/200 | 03 | L0300001322 | .7 | |
| 3. Date of fili | ing/registration in Florida | 4. Document num | īber | |
| | of the registered agent and the registerement of State: | stered office address as shown o | on the records of the | |
| , 1 | <u> XxnisixDounsx</u> | Corpdirect Agents. Name | | |
| ·: | 515 E. Park | Avenue Address | SECF ALLA | |
| | Tallahassee. | Florida 32301 | EE R | -1 |
| | | , State and Zip | SEE O | |
| 6. The name a | and address of the new registered a | gent and/or office: | 06 HAR 30 AM II: 40 SECRETARI OF STATE TALLAHASSEE, FLORIDA | ٤ |
| | Daniel Downey | | | |
| s. F | | Name | → > ∪ | |
| . 1 | 1100 NW 15th | | | |
| | Fiorida street addres | ss (P.O. Box NOT acceptable) | | |
| | Pompano Beach | | | |
| 11 | City, S | State and Zip | | |
| confirmed that and the business liability comp | liability company is not organized after the change or changes are ness office of the registered agent wany, it is hereby confirmed that there of the limited liability companying agreement of the limited liability. | nade, the Florida street address of the case of the ca | of the registered office of a Florida limited d by an affirmative vote | ; n |
| Signature of a me | ember or authorized representative of a memb | er) | | • |
| (Photel or types | name of signer | Daniel DOWNEY | | |
| 1,54 | topt the appointment as registered a the provisions of all statutes relative lidr with and accept the obligation E.S. Or, if this document is being eDy confirm that the limited liabili | igent and agree to act in this car e to the proper and complete pe is of my position as registered filed to merely reflect a change ty company has been notified in | pacity. I further agree in pacity. I further agree in provided for in gent as provided for in the registered office writing of this change. | to , |

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