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

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03 NOV 21 AM 9: (
IAIT MASSEE, FLORI

November 20, 2003

EDWIN D. JOHNSON 14301 LURAY ROAD SOUTHWEST RANCHES, FL 33330

SUBJECT: BLUE MOON LAKEFRONT PROPERTIES, L.L.C.

Ref. Number: L03000016340

We have received your document for BLUE MOON LAKEFRONT PROPERTIES, L.L.C.. However, the document has not been filed and is being returned for the following:

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) 245-6094.

Letter Number: 303A00063115

Agnes Lunt Document Specialist

TRANSMITTAL LETTER

FILED

TO:	Amendment Section Division of Corporations			03 NOV 21	
SUBJ	ECT: Blue Moon	Lake front (Name of corporation	coperties L.L.	AT APASSI	E, FLORIDA
	UMENT NUMBER: <u>603</u>			.	
The e	nclosed Statement of Change of R	egistered Office/Agent and fe	ee are submitted for filing.	•	
Please	return all correspondence concer	ning this matter to the follow	ing:		
	Edn	in D. Johnson (Name of person)	1	-	
	Vesa	(Name of firm/company	(c , L.L.C.		
	14301	Lucay Ro	ad	······································	-
	5024	City/state and zin code	FL 3333.	2	
For fu	rther information concerning this	(11)	, ,		
E	Name of person	at (954 <u>680-3</u> (Area code & daytime tele	100 ephone numbe	er)
Enclos	sed is a \$35.00 check made payab	le 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 Corporation 409 E. Gaines Street Tallahassee, FL 32399	s	

CR2E045(09/03)

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.

21 1	1. ^	0.
1. The name of the limited liability company is: Blue Mus	in Laketro	at Properties
2. The mailing address of the limited liability company is:	301 Lucay	Rond.
Southwest Runches	FL	33330
	L0300001	
	Document number	
5. The name of the registered agent and the registered office addr Florida Department of State:	ess as shown on th	e records of the
Business Filings In	curpurated	
1000 West Avenue Su Address	114 1114 ·	
Miam: Bench FL City, State and Zip		
•		3
6. The name and address of the new registered agent and/or office		03 1101 21 M 5: 33
Name 14301 Luray Ruad Florida street address (P.O. Box NOT		12 T
Name		
Florida street address (P.O. Box NO)	`accentable)	
_		ني سيري
Southwest Ranches FL 3.5 City, State and Zip	?330	
City, State and Zip		<i>*</i>
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. Cliability company, it is hereby confirmed that the change(s) was/w the members of the limited liability company or as otherwise provide operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	street address of the Or, in the case of a	e registered office Florida limited
Edmin D Johnson		
(Printed or typed name of signee)	•	
I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper at and I am familiar with and accept the obligations of my position a Chapter 608, F.S. Or, if this document is being filed to merely readdress, I hereby confirm that the limited liability company has be a company has been supported to the proper at the company has been supported to	act in this capaci id complete perfor is registered agen flect a change in th cen notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.
(Sighapura of Registered Asept) humasin menter		
Division of Corporations, P.O. Box 6327, Ta	llahassee, FL 323	314
INHS18(10/99) FILING FEE: \$25.00		