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SECRETARY OF STATE
TALL A HASSEE ELORIES



COVER LETTER

SUBJECT: Pride LLC (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mr. Dominic Giambona (Name of Person) Delmar Properties Group LTD, Inc. (Firm/Company)	
Dear Sir or Madam: The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mr. Dominic Giambona (Name of Person) Delmar Properties Group LTD, Inc.	
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mr. Dominic Giambona (Name of Person) Delmar Properties Group LTD, Inc.	
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Mr. Dominic Giambona (Name of Person) Delmar Properties Group LTD, Inc.	
(Name of Person) Delmar Properties Group LTD, Inc.	
(Name of Person) Delmar Properties Group LTD, Inc.	
Delmar Properties Group LTD, Inc.	
249 Barbados Drive	
(Address)	
Jupiter, FL 33458 (City/State and Zip Code)	•
For further information concerning this matter, please call:	
For further information concerning this matter, please can.	
Mr. Dominic Giambona at (561) 670-8688	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: MAILING ADDRESS:	۱۰ می
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 \$\times\$\$ \$55 Filing Fee &	1
CR2E079 (8/05)	

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.

agent, or both, in the state of Florida.		
1. The name of the limited liability company is: Pr	ide LLC	
2. The mailing address of the limited liability comp	any is: P.O. Box 3931, Tequesta	ı, FL 33469
June 2, 2003 L03000019746		
3. Date of filing/registration in Florida	4. Document number	•
5. The name of the registered agent and the registered Florida Department of State:	ed office address as shown on the	he records of the
Chris Day		
	ame	
701 South Seas Drive, S		
	dress	06 ÆLI
Jupiter, FL 33477		
City, State and Zip		CRE JUN
6. The name and address of the new registered agen	t and/or office:	JUN 28 I
Mr. Dominic Giambona		PM 1:32 OF STATE
Nar	ne	C.S: [7]
249 Barbados Drive		I: 32 I: 32 ORID
Florida street address (P	O. Box NOT acceptable)	A
Jupiter, FL 33458 F	L	
City, State	e and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability company.	e, the Florida street address of the identical. Or, in the case of a lange(s) was/were authorized by	he registered office a Florida limited y an affirmative vote
(Signature of inember or authorized representative of a member)		
Chris Day		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent to might the provisions of all statutes relative to and Nam familiar with and accept the obligations of Chapter 608 F.S. Or, if this document is being file address. I hereby confirm that the limited lightly c	t and agree to act in this capac the proper and complete perfo f my position as registered ager d to merely reflect a change in t ompany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

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