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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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M. THOMAS

EXAMINER

COVER LETTER .

TO: Registration Section Division of Corporations	·	
SUBJECT: Colonial Ranches, L.L.C	C. of Limited Liability Company)	0
Dear Sir or Madam:		•
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	•
Please return all correspondence concerning	g this matter to the following:	
Douglas C. Roland, Esq.		
(Name of Person)		
		THE EN
Rricklemyer Smolker & Bolves, P.A. (Firm/Company)	· · · · · · · · · · · · · · · · · · ·	超易
(i iiiii company)		芸的
FOO E Konnady Payloyard Suita 200	•	
500 E. Kennedy Boulevard, Suite 200 (Address)		TON
		95
Tampa, Florida 33602	·	Su.
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Douglas C. Roland, Esq.	at (<u>813</u>) <u>223-3888</u>	•
(Name of Person)	(Area Code & Daytime Telephone Number)	
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	ing amount:	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENROF 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.

1. Name of the limited liability company: Colonial Ranches, L.L.C.						
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 4225 Saffold Road Wimauma, FL 33598	⊡		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4225 Saffold Road Wimauma, FL 33598	0		
		2003 te of filing/registration in Florida	<u>L03000021468</u> 4. Document number			
			4. Document number))		
5.	Registered Agent: Thomas G. Sherman, Esq. P.A. Thomas G. Sherman, Esq. P.A.					
		Registered Agent:	Thomas G. Sherman, Esq. P.A.	دن		
; •		Registered Office Address:	218 Almeria Avenue Coral Gables, FL 33134	A. 1.00		
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
		NEW Registered Agent:	Douglas C. Roland, Esq.	2		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Bricklemyer Smolker & Bolves, P.A. 500 E. Kennedy Blvd., Suite 200 Tampa,FL_33602	Ð		
th of he lia	at af fice creby abilit mite	limited liability company is not organized under the lefter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of the liability company.	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limite.			
	`	Group Ing. Managing Member, by Endering Stubbo, Bros.				

Prisa Group, Inc., Managing Member, by Federico Stubbe, Pres.

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)