1 (030000) 28581

(Re	equestor's Name)	MATERIAL TO THE PARTY OF THE PA		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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09/18/06--61023--009 **25.00

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January 20, 2006

MATTHEW FALCONER 4201 VINELAND RD., SUITE I-14 ORLANDO, FL 32811

SUBJECT: MALIBU CONSTRUCTION, LLC

Ref. Number: L03000028581

We have received your document for MALIBU CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Letter Number: 506A00004282

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

Division of Corporations			
SUBJECT: Malibu Construction LL (Name of I		lity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change	e and fee(s) are submitted	for filing.
Please return all correspondence concerning			
r tease retain an correspondence concerning		o une vone vinigi	
Matthew Falconer			
(Name of Person)		_	
Malibu Construction LLC			
(Firm/Company)			
4201 Vineland Rd. Ste. I-14			SECTORISSER MID: 56
(Address)		_ 	
Orlando, FL 32811			: or or
(City/State and Zip Code)			
For further information concerning this mat	ter, please cal	H:	
Jennifer Hudson	at (407) 650-9100	
(Name of Person)	\ <u></u>	(Area Code & Daytime	Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dllahassee, Florida 32314	
Enclosed is a check for the following	ng 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 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. The name of the limited liab	ility company is: MALIE	U CONSTRUCTION, LLC	
2. The mailing address of the l	imited liability company	is: 4201 VINELAND RD	. STE I-14
ORLANDO, FL 32811			
4/26/05		L05000028581	
3. Date of filing/registration in	Florida	4. Document number	•
5. The name of the registered as Florida Department of State:	gent and the registered of	fice address as shown on th	ne records of the
<u>Mat</u>	thew Falconer		
440	Name 3 Vineland Rd. Ste. E	315	
	Address		
<u>Orla</u>	ndo, FL 32811		53 3
	City, State an	*	
6. The name and address of the	new registered agent and	/or office:	ျှည့် ထ
<u>Mati</u>	hew Falconer		
4201	Name Vineland Rd. Ste. I-	14	
Flor	ida street address (P.O. E	Box NOT acceptable)	***
Orla	ndo, FL 3	32811	
	City, State and	Zip	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby c of the members of the limited I or the operating agreement of the (Signature of a member or authorized rep.	or changes are made, the gistered agent will be ide onfirmed that the change iability company or as of le limited liability compa	Florida street address of the case of a (s) was/were authorized by	ne registered office Florida limited an affirmative vote
Matthew Falconer			
(Printed or typed name of signee)			
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptance to 8, F.S. Or, if this do address, I hereby confirm that the	it as registered agent and I statutes relative to the p pt the obligations of my p cument is being filed to n he limited liability compa	l agree to act in this capaci proper and complete perfor position as registered agen nerely reflect a change in th iny has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.
(Signature of Registered Agent)			
Division of C	Corporations, P.O. Box (FILING FEE:	6327, Tallahassee, FL 323 \$25.00	314

INHS18 (8/05)