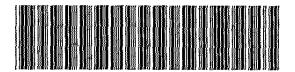
## 203000041169

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<del></del>
(City	//State/Zip/Phone	e#)
PICK-UP	MAIT	MAIL MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100076974841

07/14/06--01016--007 \*\*35.00

SECRETARY OF STATE DIVISION OF STATE ATTOM





July 24, 2006

PATRICIA STAEBLER 406 PETREL TRAIL BRANDENTON, FL 34212

SUBJECT: ANMEX REALTY SERVICES, LLC

Ref. Number: L03000041169

We have received your document for ANMEX REALTY SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 106A00046833

2006 AHG IN PM 2: 1:2

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AUULY ROUHY Services 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:	
Patricia Staebler	<del></del>
August Healty Services Lice (Firm/Compdny)	DIVISION 2006 I
409 Petrel Trail	NECRETARY OF CORE
Bradenton, to 34212	STATEMS PH 2: 42
(City/State and Zip Code)	· • vnE
For further information concerning this matter, please call:  Harmonic Concerning this matter, please call:  (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	• <del>√.</del>
Enclosed is a check for the following amount:	
☐ \$25 Filing Fee	

INHS18 (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.
1. The name of the limited liability company is: Hunt Kealty Levices LLC.
2. The mailing address of the limited liability company is: 40 9 4010   Wall
10/27/03 4030 000 41169
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: To Fricia Gebler
Acus Kares Fr 3426  City, State and Zip
6. The name and address of the new registered agent and/or office:  Panca Stable  409 Pot Name Trail  \$ 500
Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  City, State and Zip
City, State and Zip  If the limited liability company is not organized under the laws of the State of Florida, it is hereby Experiment that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Bigoliture of a member or authorized representative of a member)  + OF inted or typed name of signce)
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 if an interest with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this accument is being filed to merely reflect a change in the registered office address I hereby donfirm that the funited liability company has been notified in writing of this change.
(Signature of Registered Agent)  Division of Corporations P.O. Poy 6327 Tollohossoo FI 32314

FILING FEE: \$25.00

INHS18 (8/05)