

103000055606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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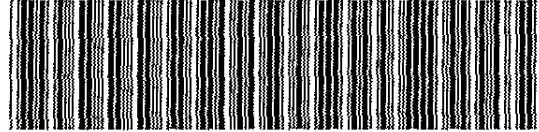
(Business Entity Name)

(Document Number)

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103-55606  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2006

MARCOS MARCHENA  
976 LAKE BALDWIN LANE, SUITE 101  
ORLANDO, FL 32814

SUBJECT: VILLA DIXIE, LLC  
Ref. Number: L03000055606

We have received your document for VILLA DIXIE, 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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 706A00045617

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Villa Dixie, LLC

(Name of Corporation)

DOCUMENT NUMBER: L03000055606

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcos R. Marchena

(Name of Contact Person)

Marchena and Graham, P.A.

(Firm/Company)

976 Lake Baldwin Lane, Suite 101

(Address)

Orlando, FL 32814

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina S. Jordan

(Name of Contact Person)

at ( 407 )

658-8566

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**MARCHENA &**

**GRAHAM, P.A.**

**ATTORNEYS AT LAW**

MARCOS R. MARCHENA  
KEITH A. GRAHAM  
YOVANNIE RODRIGUEZ

DIEGO "WOODY" RODRIGUEZ  
CHRISTOPHER J. WILSON

976 LAKE BALDWIN LANE, SUITE 101  
ORLANDO, FLORIDA 32814  
TELEPHONE (407) 658-8566  
TELECOPIER (407) 281-8564  
WRITER'S E-MAIL: CJORDAN@MGFIRM.COM

To: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: Christina Jordan *CJ*

Date: July 27, 2006

Re: Villa Dixie, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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With regard to Villa Dixie, LLC, enclosed please find a Cover Letter, Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, and a copy of the letter that was sent to our office.

Please send a check to Marchena and Graham, P.A. in the amount of \$10.00 as a refund of the \$35.00 check previously furnished.

If you have any questions, please do not hesitate to contact me at (407) 658-8566.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Villa Dixie, 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:

Christina S. Jordan  
(Name of Person)

Marchena and Graham, P.A.  
(Firm/Company)

976 Lake Baldwin Lane, Suite 101  
(Address)

Orlando, FL 32814  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina S. Jordan at ( 407 ) 658-8566  
(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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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**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: Villa Dixie, LLC
2. The mailing address of the limited liability company is : 976 Lake Baldwin Lane, Suite 101  
Orlando, FL 32814

- 12/23/2003 L03000055606
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:

Keith A. Graham  
Name  
233 S. Semoran Blvd.  
Address  
Orlando, FL 32807  
City, State and Zip

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6. The name and address of the new registered agent and/or office:

Marcos R. Marchena  
Name  
976 Lake Baldwin Lane, Suite 101  
Florida street address (P.O. Box NOT acceptable)  
Orlando FL 32814  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed 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.

Nancy A. Marchena

(Signature of a member or authorized representative of a member)

Nancy A. Marchena

(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]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**