# 164000019450

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## STRALEY ROBIN & WILLIAMS

Attorneys At Law ———

November 4, 2005

Division of Corporations P. O. Box 6327 Taliahassee, Florida 32314

Dear Sir or Madam:

We are pleased to enclose Statement of Change of Registered Agent and/or Registered Office for Alien Business Organization reflecting the address change for the registered agent for the entities listed below:

- 1. Barnard, LLC;
- Personal Management Care, Inc.;
- 3. Buck Family Management, LLC;
- 4. Buck Family Limited Partnership;
- 5. Highway 54 East, LLC;
- 6. Simanco 54, LLC:
- 7. Wells SR 54, LLC; and
- 8. Braun SR 54, LLC;

We have also enclosed a check in the amount of \$280.00 to cover the fees for changing the registered agent information for these entities.

If you have any questions, please give us a call.

Very truly yours,

STRALEY ROBIN & WILLIAMS

Lynn A. Hoodless, Paralegal

/lah

**Enclosures** 

cc: Mr. Donald A. Buck



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 15, 2005

LYNN HOODLESS STRALEY ROBIN & WILLIAMS 100 EAST MADISON STREET, SUITE 300 TAMPA, FL 33602

SUBJECT: BARNARD, LLC Ref. Number: L04000019450

We have received your document for BARNARD, 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 ba (850) 245-6020.

Tammi Cline Document Specialist Letter Number: 905A000676817

## STRALEY ROBIN & WILLIAMS

Attorneys At Law ---

December 28, 2005

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

Re: Barnard, LLC

L04000019450

Dear Sir or Madam:

We are pleased to enclose a copy of your letter dated November 15, 2005, along with our Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced entity. As you will see, you have already received a check in the amount of \$35.00 for the filing fee. Please file this document as soon as possible.

If you have any questions, please feel free to give us a call.

Very truly yours,

**STRALEY ROBIN & WILLIAMS** 

Lynn A. Hoodless, Paralegal

/lah

**Enclosures** 

## 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 lial	bility company is: B	ARNARD, LLC		
2. The mailing address of the	limited liability comp	any is : 509 Guisando De	e Avila, Ste	100,
Tampa, Florida 33613		_		
3/11/2004		L04000019450	)	
3. Date of filing/registration in Florida 4. Document num				
5. The name of the registered a Florida Department of State		ed office address as shown	on the record	ls of the
<u>Ma</u>	irk Straley, Esqu	<del></del>		<i>y</i>
100	S. Ashley Drive,	Ste 1500 dress		·
Tar	npa, Florida 3360		_	
	City, Sta	ite and Zip		
6. The name and address of the	e new registered agen	t and/or office:		
<u>M</u> a	rk Straley, Esquir	е		
Name 100 E. Madison Street, Suite 300				· ·
Flo	orida street address (P	O. Box NOT acceptable)	SEC	2005
Tan	npa F	L 33602	AR	E TI
	City, State	e and Zip	AR SS	29
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby of the members of the limited or the operating agreement of the limited or the operating agreement of the limited of the member of a member or authorized respectively.	e or changes are made registered agent will be confirmed that the characteristic company or the limited liability confirmed the liability confirmed th	e, the Florida street address be identical. Or, in the case ange(s) was/were authorize as otherwise provided in the	s of the regist e of a Florida ed by arraffir	hereby ered office limited mative vote
Donald A. Buck, Managing	Member			
(Printed or typed name of signee)	MCHIDEI	· · -		
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this a address, I hereby confirm that	ent as registered agen all statutes relative to cept the obligations o locument is being file the limited liability c	nt and agree to act in this c the proper and complete t If my position as registered If to merely reflect a chang ompany has been notified i	apacity. I fun performance of agent as prove e in the regis in writing of t	ther agree to of my duties, vided for in tered office his change.

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