

1-04000032314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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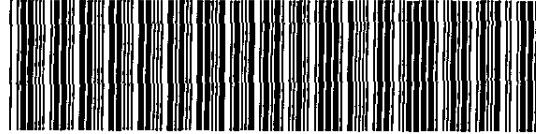
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV - 5 2004

FF \$25.00  
OP 85.00

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOULTRIE BLUFF, LLC.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000032314

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN WOOD  
(Name of Person)

MOULTRIE BLUFF, LLC.  
(Name of Firm/Company)

1100-4 PONCE DE LEON BLVD.  
(Address)

ST. AUGUSTINE, FLORIDA, 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT JL LAURENCE at ( 904 ) 814-6241  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**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: MOULTRIE BLUFF, LLC.
2. The mailing address of the limited liability company is : 1100-4 PONCE DE LEON BLVD. (S)  
ST. AUGUSTINE, FLORIDA, 32084

APRIL 21, 2004

L04000032314

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:

TIM FORD

Name

1100-4 PONCE DE LEON BLVD.

Address

ST. AUGUSTINE, FLORIDA, 32084

City, State and Zip

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

JOHN WOOD

Name

1100-4 PONCE DE LEON BLVD.

Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE, FL 32084

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.

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

JOHN WOOD

(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)

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

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