W4000039003

CI P A	Oldwell Banker Residu (Requestor's Name) Real EST Obert Levitt (Address) 23 St. Armands Civcle (Address)	ntial	4000510654	34
7,	OVOSOHOLFI 34236 (City/State/Zip/Phone #)			MJH
	(Business Entity Name)		04/22/0501019002	**25.00
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S	pecial Instructions to Filing Officer:		· · · · · · · · · · · · · · · · · · ·	05 AFD 22 FM 2
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Office Use Only

HJH ,

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 limite	ed liability compar	ny is: TAUBE L	LEVITT, LLC		
2. The mailing address o				RT DRIVE,	
SARASOTA, FL 3424					
MAY 21, 2004			L04000039003		
3. Date of filing/registrat	ion in Florida	 · · ·	4. Document num	ber	
5. The name of the register Florida Department of	ered agent and the State: MICHAEL J. V	_	address as shown o	n the records of th	
		Name PRANGE AVEN	JE	(4) (2) 본 - (4) (4) (4) (4)	05 AFR
	SARASOTA, F	Address FL 34236 City, State and Z		. 4	22 PH
6. The name and address	6 M.	11 2: 20			
	ROBERT B. L	EVITT		بند مرد	0.
	423 ST. ARMA	Name ANDS CIRCLE			
	Florida street a	ddress (P.O. Box	NOT acceptable)		
	SARASOTA,	FL 3423	6		
		City, State and Zip)		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite of a member or authority.	hange or changes the registered age reby confirmed the diability compared the limited liability for the liab	are made, the Floent will be identicated the change(s) was otherwise thity company.	rida street address of al. Or, in the case of vas/were authorized provided in the art	of the registered of	ffice d
TAUBE L, LEVITT					
(Printed or typed name of signed		الحسن المساعدة المساعدة			
I hereby accept the appo comply with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm	iniment as registe is of all statutes re ad accept the obliga- this document is b to that the limited l			pacity. I further a erformance of my gent as provided in the registered writing of this ch	gree to duties, for in office lange.
(Signature of Registered Agent) ROBERT B. LEVIT			タース o シン 7. Tallahassee, FL	32314	

FILING FEE: \$25.00