## 239313

TALLAHASSE	FLORIDA
(Requestor's Name)	
(Address)	200062765292
(Address)	200002100202
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	тильив -01015010 <b>**25.0</b> 0
(Business Entity Name)	
(Document Number)	
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Office Use Only



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7006 JAN 17 P 12: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations

December 20, 2005

FRANK WU 140 TALL GRASS DRIVE WAYNE, NJ 07470

SUBJECT: SANTA ROSA MANAGEMENT, LLC

Ref. Number: L04000039393

We have received your document for SANTA ROSA MANAGEMENT, 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) 245-6094.

Letter Number: 305A00072762

Agnes Lunt Document Specialist

Division of Cornerations - P.O. ROY 6327 Tallahasson, Florida 32314

## FILED

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To Whom It May Concern,	2005 JAN 17 P 12: 01
	TATTATE FARY OF STATE
It appears to me that the Form replaced by the Form "INHS 18(8, fee is changed from \$35 to \$25, -	"CR2E d45 (8/05")"
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Regards	
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## COVER LETTER

FILED

TO: Registration Section Division of Corporations

Santa Rosa Management

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:

Henry Chen Santa Rosa Management LLC High way 4

For further information concerning this matter, please call:

(Name of Person) at (973) \$\int \text{Pop} - 09\$ \$\frac{3}{4}\$ (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

## 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: Santa Rosa Manafement 45
2. The mailing address of the limited liability company is: 3968 Highway English 370
Original (140 Tall Grass Dr. Wayne, Jay, FL 32565 SEE, FLOR
Original (140 Tall Grass Dr. Winne, Jay, FL 32565 SEE, FLOR 15/24/2004 L 0400039393  3. Date of filing/registration in Florida  4. Document number
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
Name
Agent and Corporation, Inc  Name  Ste E 773 4th Av North  Address
Address $\lambda los = E l + 3 l L l D 2$
Naples FL 34102 City, State and Zip
6. The name and address of the new registered agent and/or office:
Henry Chen
Henry Chen  3968 High Way 4  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Jav P E 32545
Jay P FL 32565 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)
Frank Wu (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

**FILING FEE: \$25.00**