## 204000052953

(F	Requestor's Name)	•"
<u>^</u>	Address)	<u>,                                     </u>
(A	Address)	
·	<b>,</b>	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
ζ_		
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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J. BRWAN OCT 2 5 2004!



## First American Exchange Company, LLC

2075 CENTRE POINTE BOULEVARD • TALLAHASSEE, FLORIDA 32308 TELEPHONE (850) 402-4101 or (800) 600-2245 • FAX (850) 402-1505

October 19, 2004

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



To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company and a check in the amount of \$25.00 for payment of filing fees.

Please file this Statement and return the file-stamped copy to our office via the enclosed self-addressed, stamped envelope.

If you have any questions or need anything further, please feel free to contact me by telephone at (800) 600-2245.

Sincerely,

Karrie Larson

Exchange Assistant

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.

agent, or both, in the state	•			
1. The name of the limite	d liability company is:	Lakewood	d, LLC	<u> </u>
2. The mailing address of	the limited liability con	npany is : _	2075 Centre Poi	nte Boulevard,
Tallahassee, Florida 3				·
July 16, 2004			L04000052953	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the registe Florida Department of S		ered office	address as shown o	on the records of the
	2075 Centre Pointe			
	Tallahassee, Florida			<u> </u>
	City, S	State and Zi	р	TA DE
6. The name and address of	of the new registered ago	ent and/or o	office:	DI T
	W. TODD LO	ONG		SS. C
	5399 E. Cou	Vame	1355-A #5	
	Florida street address			PH 1: 40 2004 OCT 22 PM 1: 40 2014 OCT 22 PM 1: 40
SE	AGROVE BEACH	FL 32	2459	ON'S
		ate and Zip		
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limite the limite the operating agreement of the limite the limi	the registered agent will be confirmed that the diability company or a fithe limited liability co	ade, the Floral be identicated the identicated	rida street address	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
W. TODD	LONG			
(Printed or typed name of signee)			and to make the above or	manite. I Goodle an amount
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	niment as registered ag s of all statutes relative d accept the obligations his document is being fithat the limited liability	gent and agr to the prop to fmy posit iled to mere y company l	ree to act in this ca er and complete p tion as registered of ly reflect a change has been notified it	pacity. I juriner agree to erformance of my duties, agent as provided for in a the registered office mriting of this change.

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

INHS18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**