Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: BERGER SINGERMAN - FORT LAUDERDALE

Account Number : I20020000154 Phone

: (954)525-9900

Fax Number

: (954)523-2872

REGISTERED AGENT CHANGE

LEVITT AND SONS OF LAKE COUNTY, LLC

0
0
01
\$35.00

Corporate Filing Menu

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P. 08

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

		Levitt and Sons of Lake Count	
The mailing address.	ess of the limited liability cor	npany is : 2200 West Cypres	ss Creek Road
Ft. Lauderdale, FL	33309		
August 26, 2004		L04000063657	
3. Date of filing/regi	stration in Florida	4. Document num	iber
5. The name of the re Florida Departmen	gistered agent and the regist at of State:	ered office address as shown o	on the records of the
•	CT Corporation S		
•		Name	•
	1200 South Pine Is	lang Road	4
	Plantation, FL 333		TAS O
•	City, S	state and Zip	71 EC
6. The name and add	ress of the new registered ago	ent and/or office:	DEC 10 AM 8: 50 CRETARY OF STATE LAHASSEE, FLORIO
	BSPA Corporate S	ervices. Inc.	SSE SSE SSE
		ame	
	350 E. Las Olas Bly		E P
	Florida street address	(P.O. Box NOT acceptable)	8: 51 STATE LORIC
	<u>Ft. Lauderdale</u>	FL 33301	Φ. _W . Θ.
		ite and Zip	
confirmed that after the and the business office liability company, it is of the members of the properties agree the operating	company is not organized un he change or changes are ma ic of the registered agent will s hereby confirmed that the e limited liability company of ement of the limited liability utilorized representative of a member)	nder the laws of the State of Flde, the Florida street address of the identical. Or, in the case of change(s) was/were authorized as otherwise provided in the company.	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote articles of organization
SETH WISE			
(Printed or typed name of si	gnet)		
I hereby accept the a comply with the provi and I am familiar wit Chapter 618, F.S. Or address, I hereby con Agga, Coverok are	ppointment as registered age sions of all statutes relative h and accept the obligations if this document is being fil firm that the limited liability	ent and agree to act in this cap to the proper and complete per of my position as registered at ed to merely reflect a change company has been notified in	acity. I further agree to Tormance of my duties, gent as provided for in in the registered office writing of this change.

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

INHS18 (8/05)