## L04000066681

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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 4 HEMLOCK L.L.C. (Name of Li	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Ann Marie Gulban (Name of Person)	·	
4 Hemlock L.L.C. (Firm/Company)	<u> </u>	
2138 Bellcrest Ct.		
(Address)		
Royal Palm Beach, FL 33411		
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
Ann Marie Gulban	at (561 ) 792-1847	
(Name of Person)	(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	g 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.

9/10/2004	L0400066681	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State:	ered office address as shown on the records of the	
Ann Marie Gulbar	1	
	Name	
925 Lake Wyman F	Rd	
	Address = 20	
Boca Raton, FL 334	131	
City,	State and Zip	
6. The name and address of the new registered ag	ent and/or office:	
	EFG Z D	
	<u> </u>	
2138 Bellcrest Ct.	Name OP 5	
	(P.O. Box NOT acceptable)	
1 lottaa biroot aaarobs	(1.6.26.1.6.1 acceptance)	
Royal Palm Beach,	FL 33411	
City, S	ate and Zip	
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.	
Un Marie Gullan	<u>,                                     </u>	
(Signature of a member or authorized representative of a membe	r)	

ANN MARIE Gulban
(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**