

L040000 68639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700041219537

09/27/04--01017--007 **25.00

FILED
04 SEP 27 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/29
Crist

DEAN, MEAD, MINTON & ZWEMER

ATTORNEYS AND COUNSELORS AT LAW

P. O. BOX 2757
FORT PIERCE, FLORIDA 34954-2757

1903 SOUTH 25TH STREET
SUITE 200
FORT PIERCE, FLORIDA 34947

(772) 464-7700
(772) 662-7700
FAX (772) 464-7877

Writer's E-Mail
DCorrick@deanmead.com

www.deanmead.com

Writer's Direct Dial
(772) 464-7700 x. 107

September 23, 2004

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

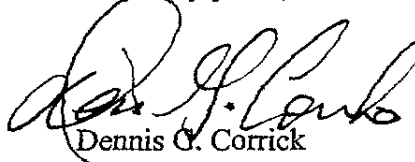
Re: Peacock Tree Farms West, LLC
Doc. No. L04000068639

Dear Ladies and Gentlemen:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company and this firm's check in the sum of \$25.00 to cover the filing fee.

If anything further is required, please advise.

Very truly yours,


Dennis C. Corrick

DGC:ew
Enclosures

FILED
04 SEP 27 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: PEACOCK TREE FARMS WEST, LLC
2. The mailing address of the limited liability company is : P.O. Box 430340, Miami, FL 33243-0340

September 20, 2004

L04000068639

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 Florida Department of State:

Dennis G. Corrick

Name

1903 S. 25th Street, Suite 200

Address

Fort Pierce, FL 34947

City, State and Zip

6. The name and address of the new registered agent and/or office:

Neil Burell

Name

6465 SW 84th Street

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33143

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.

Leo Martin
(Signature of a member or authorized representative of a member)

LEO MARTIN
(Printed or typed name of signer)

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.

Neil Burell
(Signature of Registered Agent)

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

FILED
SEP 27 AM 10:13
TALLAHASSEE, FLORIDA
STATE OF FLORIDA