## L04000071513

(Address)  (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:  A. LUNT  JUN 1 5 2009  EXAMINER						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:  A. LUNT  JUN 1 5 2009	(Requestor's Name)					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:  A. LUNT  JUN 1 5 2009						
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(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  JUN 1 5 2009						
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  A. LUNT  JUN 1 5 2009	(Address)					
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

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TO:	Registration Section					
	Division of Corporations					
	Division of Corporations					
	Comini Panch Laka 4 LLC					
SUBJE		·			<u> </u>	
	Name of Lin	nited Lia	abil	lity Company		
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Off	ice Cha	nge	and fee(s) are s	ubmitted for filing.	
D.I		. ,,		.1 6.11 :		
Please 1	return all correspondence concerning th	is matte	r to	the following:		
	Nicola Darmall					
	Nicole Parnell Name of Person			<del>_</del>		
	Name of Ferson					
					7A ~	,
	Charles Baclet and Associates, In	ıc.			2009 JUN 12 SEGRETARY ALLAHASSEE	) )
	Firm/Company	10.		<del></del>	<b>≱</b> ≈	
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	2875 Michelle Drive, Suite 100				ELC.	
	Address			<del>_</del>	? AM 9: 20 Y of State Ee. Florida	
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	Irvine, CA 92606				A 0	
	City/State and Zip Code			<del></del>		
	nnarnall@chaolat.com					
E-n	nparnell@cbaclet.com nail address: (to be used for future annual report notif	fication)		_		
	,	,				
For fur	ther information concerning this matter,	please	cal!	<b>l</b> :		
		•				
	Nicola Dancall	•			055 0505	
		ıt ( <u>9</u> 4	19	<i>_</i> /	955-9585	
	Name of Person			Area Code & Daytin	ne Telephone Number	
	STREET/COURIED ADDRESS.		N.T.	AILING ADDRE	cc.	
	STREET/COURIER ADDRESS: Registration Section			gistration Section	33:	
	Division of Corporations			ision of Corporat	ions	
	Clifton Building			). Box 6327	IUII3	
	2661 Executive Center Circle			lahassee, Florida	32314	
	Tallahassee, Florida 32301		. 41	iminassee, i ioriua	<b>υωυ</b> 4°∓	
	Enclosed is a check for the following	amoun	t:			
Γ	<b> √</b> \$25 Filing Fee		<b>]</b> \$:	55 Filing Fee &	Certified Copy	
L	<u>•</u> · · · · · · · · · · · · · · · · · · ·		,	8	r,	

## 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. Name of the limited liability company: Gemini Ranc	h Lake 4, LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Suite 301 Huntersville, NC 28078
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
10/4/2004	L04000071513 Zs 2
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Dante A. Massaro
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 3208
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address:  NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4 Weston ,FL33331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Jose Castellanos, Authorized Person	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, Lhereby confinin that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

Louie Tamantini, Vice President

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

FILING FEE: \$25.00