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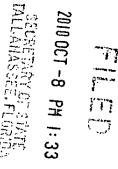
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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J. SAULSBERRY EXAMINER OCT 1 1 2010

COVER LETTER

Division of Corporations				
SUBJECT: GMB of Naples LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
GORAN VLAHOUIC ADDRESS! Should be	٠.			
GMB of Naples, LLC. 325 DUNE Firm/Compan) 26521 Chaparel Dreve Naples FLA Address	מ			
26521 Chaparel Dreve Naples Per 40.	1			
BONITA SPRIND FCA 34/35 City/State and Zip Code Address 34/10 Ear Resistere	_d			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SONITA SPRIND -CA STISS	19 8U			
GORAN VLAHOUIC at (239) 498-5177 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 amount:				
\$25 Filing Fee \$25 Filing Fee & Certified Copy				
INHS18 (5/08)				

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.

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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	1. Name of the limited liability company:	MB of Naples LLC	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 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: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office	2. (a) Principal office address of limited liability compar	у:	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Regis	(Note: MUST BE STREET ADDRESS)	7AL SE	
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: Registered Office Address: On An Veared 34/10 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address of the registered Office Address of the registered Office Address of the registered Of	(b) Mailing address of limited liability company:	D 2-1	
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: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Regist	(Note: MAY BE POST OFFICE BOX)	[1] and therefore	
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: Registered Office Address: Registered Office Address: NEW Registered Agent NEW Registered Agent: NEW Registered Office Address: NEW Registered Agent NEW Registered Office Address: NEW Registered			
Registered Agent: Registered Office Address: Registered Office Address: COLAN VLAIHOUIC Registered Office Address:	3. Date of filing/registration in Florida	70000	
Registered Office Address: SIVN APT 401 Naples Floring 34/10 Signature of a member of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Add	Registered Agent:	GORAN VLAHOUIC	
NEW Registered Office Address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member or authorized representative of a member 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 are familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60%, F.S. Or fit this acceptance is feing filed to merely reflect a change in the registered office address, 1) thereby confirm that the Implical Liability company has been notified in writing of this change.	Registered Office Address:	325 DUNES BIVE AP+401 Naples FLORIDE 34110	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member or authorized representative of a member 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 are familiar with and accept the obligations of my position as registered agent as provided for in Chapter 606, F.S. Or til this account he beligations of my position as registered agent as provided for in Chapter 606, F.S. Or til this account he business of the state of the proper and complete performance of my duties, and I are familiar with and accept the obligations of my position as registered agent as provided for in Chapter 606, F.S. Or til this account he proper filed to merely reflect a change in the registered office address, I pereby confirm that the funds the my table to ome per proper and confided in writing of this change.			
Signature of a member or authorized representative of a member Deal of Deal	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	,FL 34 110	
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 app familiar with and accept the obligation) of my position as registered agent as provided for in Chapter 600, F.S. Or fif this abcuments being filed to merely reflect a change in the registered office address, I hereby confirm that the implied liability company has been notified in writing of this change.	If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby Florida street address of the registered office itical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization by.	
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 applicate with and accept the obligation) of my position as registered agent as provided for in Chapter 600, F.S. Or fif this abcument speing filed to merely reflect a change in the registered office address, I hereby confirm that the implied liability company has been notified in writing of this change.	Signature of a member or authorized representative of a member	206 TOPANSA DRIVE BONHA SPRING	
XYM VVVV	•	- , -	
Signature of Registered Agent	xymi //www.	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		277 Tollahassa El 23214	

FILING FEE: \$25.00

INHS18 (05/08)