## 10500000173

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## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT	Palm Beach Residential	Properties, LLC	
SUBJECT		d Liability Company)	<del>_</del>
Dear Sir or N	Madam:	·	
The enclosed	l Registered Agent/Registered Office	Change and fee(s) are submitted for fi	iling.
Please return	all correspondence concerning this n	natter to the following:	
	•	·	0
Cappy Le	erman Abraham (Name of Person)		TALLARI
Palm Bea	ach Residential Propertie (Firm/Company)	es, LLC	OT OCT 22 PM 12: 32 SECRETARY OF STATE TAILLAHASSEE, FLORIDA
44 Cocoa	anut Row, L-103 (Address)	·	AFE 32
Palm Bea	ach, FL 33480 (City/State and Zip Code)	<u> </u>	
For further in	nformation concerning this matter, ple	ease call:	
Cappy L.	. Abraham at (at (	561 ) 833-8688 (Area Code & Daytime Telepl	hone Number)
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
_	osed is a check for the following am	4	•
Ven.	5 Filing Pag	\$55 Filing Fee & Certified Con	

INHS18 (8/05)

## 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 liab	ility company is: Palm I	Beach Resident	ial Properties, LLC
2. The mailing address of the li			
		Palm Beach,	•
12/80/2004		L05000000	173
3. Date of filing/registration in	Florida	4. Document nu	mber
5. The name of the registered ag Florida Department of State:	gent and the registered offi	ce address as shown	on the records of the
-	poration Service	Company	
. 120	Name 1 Hays Street		4
	Address ahassee, FL 32301 City, State and		OT OCT 22 PM 12: 32  OT OCT 22 PM 12: 32  SECRETARY OF FLORIDA
6. The name and address of the	new registered agent and/o	or office:	T 22 PH
· Ca	ppy Lerman Abraha	ım	OF RIS
44	Name Cocoanut Row, L-1	03	- 黑彩
Flor	rida street address (P.O. Bo	ox NOT acceptable)	7
Pal	m Beach FL	33480	
<del></del> -	City, State and 2	Zip	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby confirmed the members of the limited lor the operating agreement of the (Signature of a member or authorized rep	or changes are made, the legistered agent will be identified that the change (siability company or as other limited liability compants	Florida street address itical. Or, in the case s) was/were authorize	of the registered office of a Florida limited ed by an affirmative vote
Cappy L. Abraham (Printed or typed name of signee)		_	
I hereby accept the appointmer comply with the provisions of a and I am familiar with and acceptable to the confirm that the address, I hereby confirm that t	nt as registered agent and ll statutes relative to the pi ept the obligations of my p cument is being filed to m the limited liability compar	agree to act in this c roper and complete p osition as registered erely reflect a chang ny has been notified	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.
(Signature of Registered Agent)	ual-		

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