



FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000006440 1. Entity Name RIVER OAK GROVE, LLC			
Principal Place of Business 13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974		Mailing Address 13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974	
DO NOT WRITE IN THIS SPACE			
		02142008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 59-3795487	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent DEHAYS, KAREN 13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
DATE 02/27/08-80043-001 138.75			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEHAYS, STEVEN W 13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEHAYS, KAREN 13176 SW 144TH PARKWAY OKEECHOBEE, FL 34974		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Karen DeHays</u> Karen DeHays 2/15/08 8634678889 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			