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SECRETARY OF STATE

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COVER LETTER

Division of Corporations		
SUBJECT: Clearmeadow, LLC		
	ed 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:	
Ernest W. Sturges, Jr.		
(Name of Person)		
·		
Goldman, Tiseo & Sturges, P.A.	·	
(Firm/Company)		
701 JC Center Court, Suite 3	,	
(Address)	· ·	
Port Charlotte, FL 33954		
(City/State and Zip Code)		
For further information concerning this matter, pl	eese call:	
Tor further information concerning this matter, pr	case can.	
Albert J. Tiseo, Jr. at (941) 625-6666	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following an	nount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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: Clearmeadow, LLC	
2. The mailing address of the limite	ed liability company is : 701 JC Center Court,	Suite 3,
Port Charlotte, FL 33954)
Fort Chanotte, FL 33934		•
03/24/2005 L05000029542		
Date of filing/registration in Flor	rida 4. Document numb	er
5. The name of the registered agent Florida Department of State:	and the registered office address as shown or	the records of the
Ernest V	V. Sturges, Jr.	
	Name	7.0
<u>18501 M</u>	urdock Circle, Suite 501	NEC 71
	Address	DEC DEC CRET LAHZ
Port Cha	rlotte, FL 33948	TARY IASSI
•	City, State and Zip	SE 24
6. The name and address of the new	registered agent and/or office:	O7 DEC 18 AM II: 28 SECRETARY OF STATE ALLAHASSEE FLORIDA
Ernest W	/. Sturges, Jr.	STA STA
	Name	. DE 28
701 JC C	enter Court, Suite 3	-
Florida	street address (P.O. Box NOT acceptable)	
Port Cha	rlotte, FL 33954	
	City, State and Zip	
confirmed that after the charge or c		t the registered office
(Signature of a minorate of authorized represent	tative of a member)	•
	liseo	
(Printedfor typed name of signee)		,
I hereby/accept the appointment as comply with the provisions of all sta and I am familiar with and accept to Chapter 608, F.S. Or, if this docum address, I hereby confirm that the li	registered agent and agree to act in this cap atutes relative to the proper and complete per the obligations of my position as registered as tent is being filed to merely reflect a change i imited liability company has been notified in	acity. I further agree to formance of my duties, sent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00