US000035691

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2008 APR -8 PM 12: 38
SECRETARY OF STATE

T. CLINE

APR - 9 2008

EXAMINER



March 25, 2008

ROBERT DINGESS P.O. BOX 56 616 N. MAYO STREET CRYSTAL BEACH, FL 34681

SUBJECT: IDEAL MANAGEMENT SERVICES OF OCALA, LLC

Ref. Number: L05000035691

We have received your document for IDEAL MANAGEMENT SERVICES OF OCALA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days 2 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 808A00017693

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: JOEAL MANAGEMENT SE (Name of Corporate	AVICES OF OCALA, LLC	
DOCUMENT NUMBER: LO 5000035691		
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	following:	
ROBERT 11/6E	SS erson)	
FINAGE (Firm/Company		
P. D. BOX 56 (Address)	SECTIARY OF STATE WASSEE, FLORIDA	
CRY STAL REAC (City/State and Zip C	W. F.L. 3468) SEE F. F. ST COME.	7
For further information concerning this matter, please call:	ATE IRIDA	
(Name of Contact Person) at (
Enclosed is a \$35,00 check made payable to the Department of	f State.	
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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: TAEAL MANAGE MENT SERVICES OF OLAY, 2. The mailing address of the limited liability company is: 616 No. MAYO ST., 1.0. ROX 56, CRYSTAL BEACH, FL 3488 OY-12-2005 3. Date of filling/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORECT AGENTS INC. Name SINFEAST PARK AVE. Address TALAHASIEF, J 3230/ City, State and Zip 6. The name and address of the new registered agent and/or office: ROBERT L MASS STATES FOR PROPERTY. Florida street address (P.O. Box NOT acceptable) City, State and Zip 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. (Signature of a member of allthorized reproprehative of a member) Robert of the member of allthorized reproprehative of a member)	· ·				
2. The mailing address of the limited liability company is: 616 N. MAYO ST., 1.0. BOX 56, CRYSTAL BEACH, FL JYBB 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: 1.0. EAST PORK AVE. Address 1.0. EAST PORK AVE. Address 1.0. EAST LIMBE JS Name 6. The name and address of the new registered agent and/or office: 1.0. EAST LIMBE JS Florida street address (P.O. Box NOT acceptable) 1.0. SEE THE S	1. The name of the limited liability of	company is: INEAL	MANAGEMERTS	eaviles of a	SLAUA,
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORECT AGENTS INC. Name SUFERIT PARK AVE. Address TALLAHASJEE FL JABD City, State and Zip 6. The name and address of the new registered agent and/or office: ROBERT L 1/1/16EJS Name SUSTAL BEAUFL 3Y 681 City, State and Zip 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. (Signalurk of a member of authorized repyschilative of a member)					
3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORECT FLORE TAKENTS INC. Name SUFFICE FLORES City, State and Zip 6. The name and address of the new registered agent and/or office: ROBERT LINGESS Name LINGESS Name LINGESS Name LINGESS PROPE Florida street address (P.O. Box NOT acceptable) City, State and Zip 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 agent will be identical. Or, in the case of a Florida limited inability 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. (Signalure of a member of authorized representative of a member)	P. D. BOX 56.	CRYSTAL	BEACH, FL	34681	·
Florida Department of State: Gorphire CT AGENTS INC.	04-12-2005	· 			
CORPOIRECT AGENTS INC. Name SINGER PARK AVE. Address TALLAH MISSE FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: ADREAT LINGE S Name SINGER PR - 8 PM SINGE T Florida street address (P.O. Box NOT acceptable) City, State and Zip 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 of authorized representative of a member)		and the registered offic	e address as shown on the	e records of the	
6. The name and address of the new registered agent and/or office: City, State and Zip	_ GOA				
City, State and Zip 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 of authorized representative of a member)	6. The name and address of the new for the	City, State and or registered agent and/or Name Name Name Name Name Name Name Name	FL 32301 coffice: STREET NOT acceptable)	2008 APR -8 PM 12: 38 SECRETARY OF STATE TALLAHASSEE. FLORIG	TEO
(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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	If the limited liability company is not confirmed that after the change or chand the business office of the register liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited liability or the operating agreement of the limited liability or the operating agreement of the limited liability of a member of authorized representation.	t organized under the langes are made, the Flanges are made, the Flanged agent will be identioned that the change(s) ty company or as other inted liability company tive of a member)	aws of the State of Florid orida street address of the cal. Or, in the case of a was/were authorized by wise provided in the artic	la, it is hereby e registered offi Florida limited an affirmative v cles of organiza	vote ition

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