105000037452

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	Wait	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
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Special Instructions to	Eiling Officer:	
Special instructions to	Filling Officer.	
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 APP - 2 PM 1: 1.7





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2006

LATRICE TOWNS
GREENSTREET PARTNERS
2601 SOUTH BAYSHORE DRIVE SUITE 800
COCONUT GROVE, FL 33133

SUBJECT: PURDY AVENUE, LLC Ref. Number: L05000037452

We have received your document for PURDY AVENUE, 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.

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

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 906A00020288

Deborah Bruce Document Specialist RETARY OF SIATIONS ON OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Purdy Avenue LLC (Name of Limited	d 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 m	natter to the following:		
LATRICE M TOWNS			
(Name of Person) Greenstreet Partners		2006 APR -3	SECRE I
2601 SOUTH BAYSHORE DRIVE SUTTE AND CSS)		2	ARY OF STAIL OF CORPORATION:
MIAMI, FL 33133		կ։ կ7	AHON
(City/State and Zip Code)			
For further information concerning this matter, ple	ase call:		
LaTrice Town S at (Name of Person)	305) 858 - 4225 (Area Code & Daytime Telephone l	Numl	oer)
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 amo	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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.

ageni, or boin, in the State of Floriaa.			
1. The name of the limited liability company is:	Purdy Avenue, LLC		
2. The mailing address of the limited liability co	mpany is: 2601 S. Bayshore 1	or.	·
Suite 800 Migni, FL 33	133		
4/15/2005	1050000 37452		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on the records	s of the	
Sherry A. St	Qniey		
	SLore Dc Sulte Par Address		
	State and Zip		
6. The name and address of the new registered ag	•	266	N S
Victor Curral 2601 South B Florida street address	Name SayShove Dr. Suite 800 (P.O. Box NOT acceptable) FL 33/33 tate and Zip	1006 APR -3 PH 4:47	ECRETARY OF STATE
City, St. If the limited liability company is not organized to confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	andon the laws of the State of Florida, it is he	ereby red office imited native vot rganizatio	e on
(Signature of a member or authorized representative of a member	r)		
Jeffrey A. Solichilik			
(Printed or typed name of signee)			
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability	ent and agree to act in this capacity. I furth to the proper and complete performance of of my position as registered agent as provi- iled to merely reflect a change in the registe company has been notified in writing of the	her agree my dutie: ded for in red office is change	to s, i
(Signature of Registered Agent)			

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