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06 NOV -9 PH 12: 42
SECRETARY OF STATE
AND AHASSEE, FLORIDA

N. Outligan NOV 1 3 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gulf Beach Properties, LLC (Name of Limited 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:	
Carla L. Turner-Hahn, Esq. (Name of Person)	
The Hayes Law Group, P.A. (Firm/Company)	
4701 Central Avenue, Suite A	
(Address)	
St. Petersburg, Florida 33713	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Carla L. Turner-Hahn, Esq. at (727) 381-9026	
(Name of Person) (Area Code & Daytime Telephone N	umber)
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 amount:	
✓ \$25 Filing Fee	

' 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 lin	nited liability company is:	Gulf Beach Pr	roperties, LLC		
2. The mailing address	s of the limited liability cor	mpany is : <u>4</u>	37 Haven Point Drive		
		Tr	easure Island, FL 33	706	
04/20/2005			L05000038617		
3. Date of filing/regis	tration in Florida		4. Document numb	er	
5. The name of the reg Florida Department	gistered agent and the regist of State:	ered office a	ddress as shown on	the records of the	
	Turner-Hahn, Carla	Esq.			
		Name		400 9	
1517 Jungle Avenue North				PE Z	
		Address		至常 2 万	
	St. Petersburg, FL 337			彭山下	
	City, S	State and Zip		SAR PER	
6. The name and addre	ess of the new registered age	ent and/or of	ffice:	06 NOV -9 PH 12: 42 SECRE LANG OF STATE TALLAHASSEE, FLORID	
	Turner-Hahn, Carla E	sq.		别·	
		lame		DA E	
	4701 Central Avenue,	Suite A		•	
	Florida street address	(P.O. Box N	OT acceptable)		
	St. Petersburg,	FL 33713			
	City, Sta	ate and Zip			
and the business office liability company, it is of the members of the or the operating agreer	company is not organized use change or changes are made of the registered agent will hereby confirmed that the climited liability company of the limited liability when the confirmed that the confirment of the limited liability that the confirment of a member?	ide, the Flori I be identica change(s) was or as otherwicompany.	da street address of L. Or in the case of	the registered office	
Theressa Sue Piatt, Pr	acidant				
(Printed or typed name of sig		· · · · · · · · · · · · · · · · · · ·			
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	pointment as registered age ions of all statutes relative and accept the obligations if this document is being fil rm that the limited liability	ent and agre to the prope of my positi led to merely company ha	e to act in this capa r and complete perf or as registered ago or reflect a change in as been notified in w	city. I further agree to ormance of my duties, at as provided for in the registered office criting of this change	

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

(Signature of Registered Agent)