

L05000043887

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

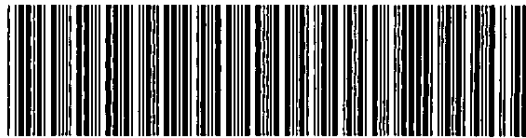
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500108666195

09/06/07--01025--008 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 24 PM 3:50

W

J. BRYAN SEP 7 2007

JB

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
(Name of) WENTWORTH PROPERTY GROUP LLC

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:

ROBERT TRIPKA  
BARNETT PROPERTY GROUP, LLC  
POB 520  
OZONA, FL 34660

(Address)

(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 24 PM 3:50

For further information concerning this matter, please call:

ROBERT TRIPKA 727-785-9000

(Name of Person)

(Area Code & Daytime Telephone Number)

**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

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2007

ROBERT TRIPKA  
BARNETT PROPERTY GROUP, LLC  
PO BOX 520  
OZONA, FL 34660

SUBJECT: WENTWORTH PROPERTY GROUP LLC  
Ref. Number: L05000043887

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 24 PM 3:50

We have received your document for WENTWORTH PROPERTY GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 407A00053276

**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.

WENTWORTH PROPERTY GROUP, LLC

1. The name of the limited liability company is: \_\_\_\_\_
2. The mailing address of the limited liability company is: \_\_\_\_\_  
POB 520 OZONA, FL 34660
- \_\_\_\_\_ 5/4/2005 \_\_\_\_\_ L05000043887 \_\_\_\_\_
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:

\_\_\_\_\_  
\_\_\_\_\_  
**SPIEGEL & UTRERA, PA**  
**1840 SW 22nd ST.**  
**4th FLOOR**  
**MIAMI, FL 33145**  
\_\_\_\_\_  
City, State and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 24 PM 3:50

6. The name and address of the n \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**ROBERT TRIPKA**  
**490 ALT 19**  
Flori **PALM HARBOR, FL 34684**  
\_\_\_\_\_  
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 or authorized representative of a member)

*ROBERT TRIPKA*

\_\_\_\_\_  
(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.*

\_\_\_\_\_  
(Signature of Registered Agent)

*ROBERT TRIPKA*  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**