L05000046126

(Requestor's Name)						
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Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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Office Use Only



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COVER LETTER

Division of Corporations		
SUBJECT: Venice Avenue Property,	LLC	
	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Robert Oppenheimer		
(Name of Person)		
(Firm/Company)		
· ((
4437 Friar Tuck Lane	· · · · · · ·	
(Address)		
·		
Sarasota, FL 34232		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
 Robert Oppenheimer	at (941) 917-8100	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	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	amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

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.

l.	Nar	me of the limited liability company: Venice Aven	ue Property, LLC	+
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 4437 Friar Tuck Lane Sarasota, FL 34232	ASS
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4437 Friar Tuck Lane Sarasota, FL 34232	PR 28 A
Ma	y 2,	2005	L05000046126	ANI: 33
3.	Dat	e of filing/registration in Florida	1. Document number	Dr.
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Florida De	ept. of State:
Reg		Registered Agent:	Bradley W. Hogreve	
		Registered Office Address:	100 Wallace Suite 310 Sarasota, FL 34237	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address Robert Oppenheimer	<u>ss</u> :
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			4437 Friar Tuck Lane	
			Sarasota	<u> </u>
tha off her liat lim	t affice of the control of the contr	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the ca confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered of se of a Florida limited liabil	fice and the business ity company, it is
		Oppenheimer or typed name of signee)		
I h con am F.S con	erei nply fan L. O nfirn	by accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro- niliar with and accept the obligations of my position of the property of the state of the property of the property of the common of the province of the province of the pro- nature of the common of the province of the provinc	ree to act in this capacity. per and complete performan is registered agent as provi hange in the registered offic in writing of this change.	I further agree to nce of my duties, and I ded for in Chapter 608, e address, I hereby
(Sf	natu	o Cut re of Registered Agent		

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

INHS18 (05/08)