

L050000048282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

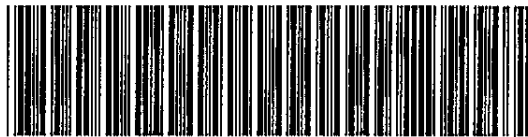
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900056559999

08/19/05--01007--024 **25.00

FILED
2005 AUG 19 PM 2:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 22 2005

Offices Of

Doyle Group Attorneys

Grand Rapids Office:
The Steepleview Bldg.
429 Turner
Grand Rapids, MI 49504
(616) 454-5443
Telecopier: 616-454-2232

Professional Corporation

10967 Paw Paw Drive
Holland, Michigan 49424
(616) 335-2700
Telecopier: (616) 335-8509

Lansing Office:
2400 Science Parkway, Suite A
Okemos, MI 48864
(517) 371-2500
Telecopier: 517-371-2506
e-mail: dgalanjd@voyager.net

T. Michael Doyle
Edward Malinzak
John J. Doyle

August 15, 2005

Florida Office:
207 Sandpoint Drive
Longboat Key, Florida 34236
(941) 383-8970
Telecopier: 941-383-8970

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: CLMIA, LLC
Document #L05000048282

To Whom it May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for a Limited Liability Company to be filed with regard to the above matter. The \$25 fee is also enclosed. Thank you.

Very truly yours,

T. Michael Doyle/mlc

T. Michael Doyle

mlc
enclosure
cc: Mr. Dan Longman

FILED
2005 AUG 19 PM 2:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: CLMIA, LLC
2. The mailing address of the limited liability company is : 1225 SE Coral Reef, Port St. Lucie,
Florida 34983

3. Date of filing/registration in Florida May 9, 2005 4. Document number L05000048282

5. The name of the registered agent and the registered office address as shown on the records of the
- Florida Department of State:

Daniel Longman
Name
1225 SE Coral Reef
Address
Port St. Lucie, Florida 34983
City, State and Zip

6. The name and address of the new registered agent and/or office:

Daniel Longman
Name
1265 SE St. Lucie Boulevard
Florida street address (P.O. Box NOT acceptable)
Stuart FL 34996
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.

X [Signature]
(Signature of a member or authorized representative of a member)

Daniel Longman

(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.

X [Signature]
(Signature of Registered Agent)

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

FILED
2005 AUG 19 PM 2:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA