105000053125

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=======, -=====,
(Document Number)
(Doddinent Namper)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800125247598

04/24/08--01020--014 **25.00

08 APR 24 AM 11:01
SECRETARY OF STATE
SECRETARY OF STATE

M. Thomas APR 2 5 2008

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bay Grave Servine (Name of Limited	rices, L.L.C.
(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	atter to the following:
,	°
Gregory L Henderson, (Name of Person)	TALLAHAS C
Bay Grove Services, L.L.C.	E E E E
(Firm/Company)	震震
P.O. Box 267777	
Brandon, FL 33509 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, ple	
Reed Fischbach at (813 546-1000
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:	Grove	Service	s, L.L	٠,,,	<u>·.</u> .
2. The mailing address of the limited liability company is:	ρ. ο	Box	2677)	<u>)</u> .	
	Bo	andon, F	2 335	09	
5/27/05	_	50000 5			_
3. Date of filing/registration in Florida		ent number			
5. The name of the registered agent and the registered office Florida Department of State: Corpdirect Agents Name 515 East Pack Address Tallahassee FL City, State and 2 6. The name and address of the new registered agent and/or David Price S10 Vanderburg Orive	Inc. Avenue 32301 Lip office:	· · · · · · · · · · · · · · · · · · ·	SECRETA TALLAHAS	the 08 APR 24 AM H: 02	ELLIP ELLIP
Florida street address (P.O. Box Branch FL City, State and Zi	NOT accep	table)	F STATE FLORIDA	H: 02	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	orida etraat a	iddrace of the	ranictared	office	: 1
(Signature of a member or authorized representative of a member) (regon, L. Hewlerson - President					
(Printed or typed name of signee)					
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this elocument is being filed to men address, I hereby confirm that the limited liability company	ree to act in per and com ition as regi ely reflect a has been no	this capacity plete perform stered agent o change in the tified in writi	i. I further lance of my as provided registered ng of this c	agree l duties l for in l office hange.	to ,
Jan Paul					

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

(Signature of Registered Agent)