L0500	2054688
(Requestor's Name) (Address)	
(Address)	400078754834
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	08/17/0601022001 **245.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: WMB KOMM.	
Office Use Only	OIVISION OF CORP 06 SEP - 5 PH
Adle	PH 4:00

•

|

!

!

I .

!

## 14 La **COVER LETTER**

TO: **Registration Section Division of Corporations** 

BIRCH STREET GROUPGP, LLC (Name of Limited Liability Company) SUBJECT:

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:

DEREK UHLER	
(Name of Person)	
Uther & Co., INC	
(Firm/Company)	
(Address)	
(Address)	
Lake Worth Fr 33463	

(City/State and Zip Code)

For further information concerning this matter, please call:

Derek Unler 2-266 ( at ( **Sol** (Area Code & Daytime Telephone Number)

(Name of Person)

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

INHS18 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2006

, ï

DEREK UHLER UHLER & CO., INC. 5574 BERMUDA DUNES CIR. LAKE WORTH, FL 33463

SUBJECT: BIRCH STREET GROUP GP, LLC Ref. Number: L05000054688

We have received your document for BIRCH STREET GROUP GP, LLC and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6853.

Leslie Sellers Document Specialist

Letter Number: 006A00051392

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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: BIRCH STREET George
- 2. The mailing address of the limited liability company is : 5574 BERMUCK Donas Cire

eth, FL 33463

3. Date of filing/registration in Florida

4. Document number

LO5000054688

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

Name #2307 Address Jr, fr 33 State and Zip

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

UHLER & CO., J Name ermuch Dunis Florida street address (P.O. Box NOT acceptable) 33463 FL

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 generative street of the distribution of the distribution of the articles of organization of the street of the distribution of the distrib or the operating agreement of the lighted liability company.

(Signature of a member or authorized representative of a member)

DERELL S. UHLER (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 auties, 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, hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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