## - L05000068822

(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



800114510798

01/10/08--01009--008 \*\*25.00

08 JAN 10 PH 12: 40
SECRETARY OF STATE
TAIL AHASSEE FLORIDA

JAN 1 1 2008

N. Guillama

## , . COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SBV Development LLC (Name of Limited 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 matter to the following:
Herveth B. Scarberry (Name of Person)
(Firm/Company)
424 E Central Blud Suite 114 (Address)
Orlpvdo, Fli 32801 (City/State and Zip Code)
For further information concerning this matter, please call:
Henreth R. Scarberry at (407) 462-8282
Name of Person) at (407) 462-8282  (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

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

## 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.

ageni, or boin, in the siai	og i voi viiii.		
1. The name of the limite	ed liability company is:	5BV Developm	vent L.L.C.
2. The mailing address o	f the limited liability co	ompany is: 424 E Ce.	utral Blud
J	•	Suite 114, Orla	
7/15/05		•	06822
3. Date of filing/registrat	ion in Florida	4. Document num	
	ered agent and the regis State:	stered office address as shown of	
	Gerneth 1	1. Scarberry	
	2505 NE	13 Ly Ct,	
	Fort Louderda City,	Name 13 LyCt, Address  Me, Fl 33304  State and Zip	<b>4</b>
6. The name and address			
	Florida street address	Name (A. Scarberry Name (A) Blud #114 (P.O. Box NOT acceptable)  FL 3290/ State and Zip	MAN 10 PH 12: 40 SECRETARY OF STATE ALLAHASSEE FLORIDA
confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author (Printed or typed name of signee)	hange or changes are months the registered agent where the confirmed that the mited liability company of the limited liability company ized representative of a member of the confirmed liability ized representative of	under the laws of the State of Flade, the Florida street address cill be identical. Or, in the case change(s) was/were authorized or as otherwise provided in the y company.  The company of the proper and complete performs of my position as registered a filed to merely reflect a change by company has been notified in	of the registered office of a Florida limited d by an affirmative vote e articles of organization

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

(Signature of Registered Agent)