105000019711

(Requestor's Name)
(Address)
(Address)
(1.001000)
(City/State/Zip/Phone #)
COCKED CAMPE CAMP
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ulia Plazala.
14/6 P/A Ch

Office Use Only



500069300155

94/w6/b6--0:055--0dz **25.09

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tiger Development Groen (Name of L.	up, LLC .imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Dan Vincent (Name of Person)	
Tiger Development Group, LLC (Firm/Company)	
7249 Branchtree Drive	
(Address)	
Orlando, FL 32835	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Dan Vincent (Name of Person)	at (954) <u>\$36-6763</u> (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
Enclosed is a check for the following	g amount:
\$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.

agent, or both, in the state of Fioriaa.				
1. The name of the limited liability company	is: Tiger Development Group, LLC			<u> </u>
2. The mailing address of the limited liability	y company is : 7249 Branchtree Driv	e, Orlar	ndo, F	<u>L 3283</u> 5
		- -		·
7/15/2005	L05000069711			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on th	e record	ls of th	e
Zager, Kirscht	baum & DiMaggio, P.A. Name			
110 E. Broward	d Blvd., Suite 1700			
Fort Loudordole	Address		9	
Fort Lauderdale Ci	ity, State and Zip	#* . T	773 39 	# ▼ .
6. The name and address of the new registere	ed agent and/or office:		1	* ; uk ama as
DiMaggio & Za	ger, P.A.		r;) 2:50	2 ;
633 SE 3rd Ave	Name		د .	
	lress (P.O. Box NOT acceptable)		Ö	
Fort Lauderdale	eFL_33301			
Cit	y, State and Zip			
If the limited liability company is not organize confirmed that after the change or changes and the business office of the registered agentiability company, it is hereby confirmed that of the members of the limited liability compared the operating agreement of the limited liability compared the operating agreement of the limited liability.	re made, the Florida street address of the st will be identical. Or, in the case of a tithe change(s) was/were authorized by	e registe Florida an affiri	ered of limited mative	vote
(Signature of a member or authorized representative of a me	ember)			
DAN VINCENT (Printed or typed name of signee)				
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	ed agent and agree to act in this capaci ative to the proper and complete perfor tions of my position as registered agent ing filed to merely reflect a change in the bility company has been notified in wri	ty. I fur mance of as prov he regist ting of t	ther as of my d vided fo ered o his cha	gree to uties, or in ffice inge.

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