05000085738	
(Requestor's Name) (Address) (Address)	800084192208
(City/State/Zip/Phone #)	01/18/07-01020001 **35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SUCRETARY OF STATE OT FEB -2 PM 2: 16
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2007

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BRIDLEWOOD REALTY, LLC 409 E. OAKLAND AVE SUITE C OAKLAND, FL 34787

SUBJECT: BRIDLEWOOD REALTY, LLC Ref. Number: L05000085738



We have received your document for BRIDLEWOOD REALTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 807A00005246

Registration Section TO: **Division of Corporations**

Bridlewoon Kealt. SUBJECT:

(Name of Limited Liability Company)

Dear Sir or Madam:

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جيد تعميد

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elise Sa 995 (Name of Person) sciolewoon (Firm/Company) Q & OAKlas Die (Address) AND EL 3HIBU

City/State and Zip Code)

For further information concerning this matter, please call:

<u>Elise</u> <u>sugg</u> (Name of Person) at (Ho77), <u>C5H603C</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 amount:



S55 Filing Fee & Certified Copy

INHS18 (8/05)

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.

₀0e 1. The name of the limited liability company is: 2. The mailing address of the limited liability company is : 3 ビリ 84 lano 85738 30.05 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State; State and Zir 6. The name and address of the new registered agent and/or office: Vame ,ie 900 Florida street address (P.O. Box NOT acceptable) ようびぃ FI. 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.

(Signatu esentative of a member) ¢

(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, FC, Or, if this document is being filed to merely reflect a change in the registered office address, I hereby sonfirm that the limited liability company has been notified in writing of this change.

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