

Division of Corporations

LD5000094570

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

*please check
on this - date
for 1/23
thanks!*

L. SELLERS

REGISTERED AGENT CHANGE

JAN 29 2008

GEORGIA I LLC

EXAMINER

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	\$35.00

\$25.00

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<https://efile.sunbiz.org/scripts/efilcovr.exe>

1/23/2008

01/23 15:51
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PAGE(S)
RESULT
MODE

TIME : 01/23/2008 15:52
NAME : CT CORP
FAX : 8502227615
TEL : 8502221092
SER.# : BROH3J606161

TRANSMISSION VERIFICATION REPORT

**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: Georgia LLC
2. The mailing address of the limited liability company is: 31550 Northwestern Highway, Suite 200
Farmington Hills, MI 48334

9/26/2005

L050000094570

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:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL

33324

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.

(Signature of member or authorized representative of a member)

Tracey Soltes Authorized Agent

(Printed or typed name of signer)

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

By:

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)

Claudia L. Saari
Asst. Secretary

FL015 - 0009/2007 C T System Online

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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