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(Req	uestor's Name)	
(Addı	ress)	
(Addi	ress)	<u></u>
(City/	State/Zip/Phone	#)
PICK-UP	MAIT	MAIL.
(Busi	ness Entity Nam	e)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
105-950	181	
	Office Use Only	1161



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FISHERMAN'S VILLAGE, 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:
Please return all correspondence concerning this matter to the following: Gregory S. Parker, Esquire (Name of Person)
The Parker Law Firm (Firm/Company)
Post Office Drawer 509
(Address)
Perry, Florida 32348
(City/State and Zip Code)
For further information concerning this matter, please call:
Gregory S. Parker <u>at (</u> 850 <u>)</u> 223-1990
(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
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.

agent, or both, in the Sta	s the jollowing state te of Florida.	ement in order t	o change us regisi	erea office or registerea
1. The name of the limit	ed liability company	is: FISHERMA	N'S VILLAGE, LLC	
2. The mailing address of	of the limited liability	company is : P	ost Office Box 604	l, Steinhatchee,
Florida 32359				-
9/26/2005			L05000095081	
		4. Document numb	per	
5. The name of the regist Florida Department of	State:	_	address as shown or	the records of the
	Joseph Lander			
		Name		08
	222 NE 210th Avenue			多络 多
Address				
	Cross City, FL 3	32628 ty, State and Zir	<u> </u>	
2 m				三 三
6. The name and address	of the new registered	d agent and/or of	ffice:	D. O.
	Gregory S. Park	ær		OS MAY - LA RAIO: OS STATES
	Name			D.
•	315 W. Green Street			
	Florida street addr	ress (P.O. Box N	IOT acceptable)	
	Репту	FL 3234	7	
	City	, State and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are f the registered agent creby confirmed that to mited liability compa	e made, the Flori will be identica the change(s) wany or as otherwi	ida street address of l. Or, in the case of as/were authorized	f the registered office f a Florida limited by an affirmative vote
(Signature of a member or author	ized representative of a mer	mber)		
Keyw Thor (Printed or typed name of signee)	nas			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, E.S. Of, if address, I hereby confirm	intment as registered is of all statules relat id accept the obligati this document is bein that the limited liab	d agent and agre tive to the prope ions of my positi ng filed to merel ility company hi	ee to act in this cape er and complete per ion as registered ag y reflect a change i as been notified in v	acity. I further agree to formance of my duties, ent as provided for in a the registered office writing of this change.

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

(Signature of Registered Agent)