

LO5000108001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 14 2008

EXAMINER



Nancy C. Haire
Corporate Paralegal
& Assistant Secretary

SENT BY UPS OVERNIGHT DELIVERY

December 14, 2007

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Statement of Change of Registered Agent

Dear Sir or Madam:

Enclosed please find Statements of Change of Registered Agent for the 44 corporations listed on the attached exhibit, together with a check in the amount of \$1,540.00 representing a \$35.00 filing fee for each company.

If you have any questions or concerns, please contact me.

Very truly yours,

Nancy C. Haire

NCH/s
Enclosures

11101 Roosevelt Blvd N
St. Petersburg, FL 33716

Toll Free: (800) 627-0000 x. 4417

Telephone: (727) 823-4000 x. 4417

Facsimile: (727) 823-6518

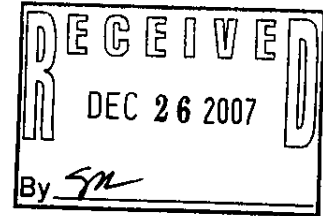
nhaire@bankersinsurance.com

www.bankersinsurance.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations



December 20, 2007

BANKERS FINANCIAL CORPORATION
ATTN: NANCY C. HAIRE
11101 ROOSEVELT BLVD N
ST. PETERSBURG, FL 33716

SUBJECT: CMB-LAKELAND, LLC.
Ref. Number: L05000108001

We have received your document for CMB-LAKELAND, LLC. and your check(s) totaling \$1540.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 107A00070943

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TALLAHASSEE, FLORIDA

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: CMB-Lakeland, LLC
2. The mailing address of the limited liability company is: 11101 Roosevelt Blvd N, 4th Floor
.St. Petersburg, FL 33716

November 7, 2005
3. Date of filing/registration in Florida

L05000108001
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:

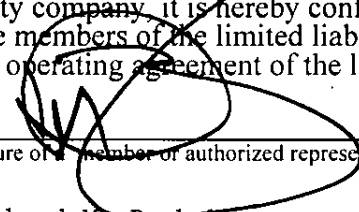
Richard M. Brubaker
Name
360 Central Ave.
Address
St. Petersburg, FL 33701
City, State and Zip

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

Richard M. Brubaker
Name
11101 Roosevelt Blvd. N, 4th Floor
Florida street address (P.O. Box **NOT** acceptable)
St. Petersburg, FL 33716
City, State and Zip

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TALLAHASSEE, FLORIDA

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)

Richard M. Brubaker
(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, 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.


(Signature of Registered Agent)

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