L05000109820

	•	
(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	
Ų ·-		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400078490824

08/11/06--01015--010 **25.00

DIVISION OF CORPORATIONS

J. BRYAN AUG 1 4 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PALM BREEZ (Name of Limit	E LC ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this i	matter to the following:
HENRY J LIMBURSI (Name of Person)	<u><!--</u--></u>
PALM BREEZE LC (Firm/Company)	OS AUG
49. CORAL. REEF C. (Address)	OF AUG 11 PH 3: 57
DALIM COAST FL. 3213 (City/State and Zip Code)	<u></u>
For further information concerning this matter, pl	lease call:
HENRY JUINBURSKI at ((Name of Person)	(386) 237-4797 (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 an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

graphic and the second of the second

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:

PALM BREEZE LC

1. Constant of the limited liability company is:

2. The mailing address of the limited liability company is: 49 CORAL RELEFCT, W.

PALH COAST, FL. 32/37

| November | Losocolog820 |
| 3. Date of filing/registration in Florida | Losocolog820 |
| 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:

Name

/O EAGLE MARBOR TR

Address

PALM COAST, FL 32164

City, State and Zip

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

HENRY J LIMBURSKI

Name

49 CORAL REEF CT. N.

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

PACITY COAS/FL 32/37
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 a member)

(Signature of a member)

(Signature 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 auties, 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