

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone #	P
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
Nicolar V		11-21
	Office Use Only	1) Mov



11/20/06--01038--011 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations	nds:			
SUBJ	ECT: STONEWALL AT ROYAL (Name	PALMS, LLC of Limited Liability Company)			
Dear	Sir or Madam:	•			
The e	nclosed Registered Agent/Register	red Office Change and fee(s) are submitted for fili	ng.		
Please	e return all correspondence concerr	ning this matter to the following:			
J	ORGE E. BLANCO, ESQ.				
	(Name of Person)				
J	ORGE E. BLANCO, P.A. (Firm/Company)				
1	401 Ponce de Leon Blvd., #2	202			
	(Address)		SEC.	08 MC	
	oral Gables, Florida 33134		707 -	2 Å	
	(City/State and Zip Code)		H	Û	
For fu	rther information concerning this r	matter, please call:	ACIEN OF STATE	06 NOV 20 PM 2: 10	Ü
	orge E. Blanco (Name of Person)	at (<u>305</u>) <u>444-0044</u> (Area Code & Daytime Telepho	ne Num		
	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 follows \$25 Filing Fee	owing amount: \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \sin \text{\$\sin			

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

Pursuant to the provision liability company submits agent, or both, in the State	the following state	416 or 608. ement in ord	508, Florida Statutes ler to change its regi	s, the undersigned limited stered office or registered
l. The name of the limited	i liability company	is: STONEW	ALL AT ROYAL PALA	S, LIC
2. The mailing address of	the limited liability	y company is	2 <u>203 N. Iois Ave</u>	mue, Suite 932
Tampa, Florida 33	607			
February 10, 200	6		1.060000152	218
3. Date of filing/registration			4. Document nur	nber
5. The name of the register Florida Department of S		egistered off	ice address as shown	on the records of the
•	RAUL ALBA	1		
	3818 W. J	Name 13th Stree	t	
	Hiadeah,	Address Florida 3	3012	•
	C	ity, State and	Zip	
6. The name and address o	of the new registere	d agent and/	or office:	SEC CALL
	RAUL ALBA			NOV 20
	Name 3818 W. 13th Street			
·	Florida street add	ress (P.O. B	ox NOT acceptable)	OF S.
	Hialeah	FL	33010	2: 10 STATE .ORIDA
	Cit	y, State and i	Zip	_
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	lange or changes ar the registered agen- where confirmed that lited liability compa	c made, the t will be iden the change(any or as oth	Florida street address atical. Or, in the case s) was/were authorize erwise provided in th	of the registered office of a Florida limited d by an affirmative vote
(Signature of a member or authorize	zed representative of a m	ember)	- .	•
	-	·		
(Printed or typed name of signee)			_	
	ntment as registere t of all statutes rela l accept the obligat his document is bei that the limited lial	d agent and tive to the p tives of my p ng filed to m bility compai	agree to act in this co roper and complete p osition as registered a erely reflect a change ty has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Donistered Apont)				