## . 6060000 18535

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2006 SEP 19 AM 11: 02 SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PV Commons, LLC (Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing
Please return all correspondence concerning this	s matter to the following:
Bruce R. Abernethy, Jr.	
(Name of Person)	
Bruce R. Abernethy, Jr., P.A. (Firm/Company)	2036 SEP 19 AM 11: 02 SECTETARY OF STATE SECTION TO STATE SECTION TO STATE SECTION TO STATE SECTION TO SECTION
	LOS II.
500 Virginia Avenue, Suite 202	
(Address)	
Fort Pierce, FL 34982	
(City/State and Zip Code)	<del></del> .
For further information concerning this matter, j	please call:
Bruce R. Abernethy, Jr. at	(772 ) 489-4901
(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 a	mount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.4 liability company submits the following state agent, or both, in the State of Florida.	416 or 608.508, Florida Statutes, the ment in order to change its register	ic undersigned limited ed office or registered	
1. The name of the limited liability company	is: PV Commons, LLC	<del></del>	
2. The mailing address of the limited liability	company is : 1847 S.E. Port St. Lucie	Blvd	
Port St. Lucie, FL 34952	, me		
02/13/2006	L06000018535		
3. Date of filing/registration in Florida	4. Document number	r	
5. The name of the registered agent and the re Florida Department of State:	gistered office address as shown on t	he records of the	
Bruce R. Aberne	thy, Jr		
	Name	<i>ာ</i> က 🖨	
900 Virginia Avenu	ue, Suite 6	FB 5	
	Address	SECRETARY SECRETARY	
Fort Pierce, FL 34982			
	ty, State and Zip	95% T	
6. The name and address of the new registered agent and/or office:  Bruce R. Abernethy, Jr.			
Bruce R. Aberneth	ıv. Jr.		
	Name	Om 2	
500 Virginia Avenu			
Florida street address (P.O. Box NOT acceptable)			
Fort Pierce,	FL 34982		
City	, State and Zip	, mgr.	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compa or the operating agreement of the limited liabi	e made, the Florida street address of to will be identical. Or, in the case of a the change(s) was/were authorized by any or as otherwise provided in the ar	he registered office a Florida limited y an affirmative vote	
(Signature of a member or authorized representative of a me	ember)	· · · · ·	
Bruce R. Abernethy, Jr.  (Printed or typed name of signee)			
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address. Lhereby confirm that the limited liab	d agent and agree to act in this capac tive to the proper and complete perfo ions of my position as registered agen ng filed to merely reflect a change in will the company has been notified in wi	rity. I further agree to rmance of my duties, it as provided for in the registered office riting of this change.	
(Signature of Registered Agent)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
<del></del>	P.O. Box 6327, Tallahassee, FL 32 ING FEE: \$25.00	314	