## L06000018535

٠.,
(Requestor's Name)
(Address)
. (1881-883)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
(2004), 14,7420,
Certified Copies Certificates of Status
Special Instructions to Filling Officer
Special Instructions to Filing Officer:  A. LUNT
, LOIVI

EXAMINER

Office Use Only

SEP 1 2 2008



700135534287

09/11/08--01019--012 \*\*25.00

2000 SEP 11 P 2: 38
SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations	
SUBJECT: PV Commons, LLC	ited Liability Company)
(Name of Lim	tice Elability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Bruce R. Abernethy, Jr.	As a
(Name of Person)	
•	2008 SEP II P 2: 38 SECRETARY OF STATE AULAHASSEE. FLORID
Bruce R. Abernethy, Jr., P.A.	ETARY OF HASSEE.
(Firm/Company)	THE TO BE
500 Virginia Ave., Suite 202	STAT
(Address)	
Fort Pierce, FL 34982	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase 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 amo	ount:
☑ \$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 608.416 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. Name of the limited liability company: PV Commo	ns, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 1847 S.E. Port St. Lucie Blvd. Port St. Lucie, FL 34952
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1847 S.E. Port St. Lucie Blvd. Port St. Lucie, FL 34952
	经 经
02/13/2006	L06000018535
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Bruce R. Abernethy, Jr.
Registered Office Address:	500 Virginia Ave., Suite 202
•	Fort Pierce, FL 34982
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address:
NEW Registered Agent:	Ronald W. Kelleher, Jr.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5488 S.W. Longspur Lane
	Palm City,FL 34990-8829
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company of as otherwise provided in the articles of limited liability company.	t address of the registered office and the business are of a Florida limited liability company, it is
Signature of a member or authorized representative of a member)	
Ronald W. Kelleher, Jr. (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving familiar with and accept the obligations of my position is S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

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