

LOG000029015

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : THE FLORIDA COMPANY
Account Number : I200600000001
Phone : (608)827-5300
Fax Number : (608)824-0405

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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REGISTERED AGENT CHANGE

FAMILY REAL ESTATES LLC

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DIVISION OF CORPORATIONS

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November 16, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAMILY REAL ESTATES LLC
11720 DECLARATION DR.
TAMPA, FL 33635

SUBJECT: FAMILY REAL ESTATES LLC
REF: L06000029015

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet:

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas
Document Specialist

FAX Aud. #: H06000276396
Letter Number: 006A00067056

P.O. BOX 6327 - Tallahassee, Florida 32314

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: FAMILY REAL ESTATES LLC
2. The mailing address of the limited liability company is : 11720 DECLARATION DR. TAMPA FL 33635

3/17/2006

L06000029015

3. Date of filing/registration in Florida

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:

THE FLORIDA INCORPORATING COMPANY

Name

1203 GOVERNORS SQUARE, STE. 101

Address

TALLAHASSEE, FL 32301

City, State and Zip

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

Business Filings Incorporated

Name

1203 Governors Square, Ste. 101

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

Tallahassee FL 32301

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 or authorized representative of a member)

(Printed or typed name of signer)

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)

BUSINESS FILINGS INCORPORATED, P.O. Box 927, Tallahassee, FL 32314

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