100000 19621

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
1789 - 707 - 671		

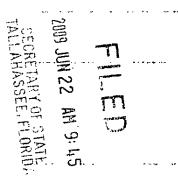
Office Use Only

W6-69421



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05/28/09--01011--006 **35.00



M. THOMAS
JUN 2 3 2009
EXAMINER

COVER LETTER TO: Registration Section Division of Corporations SUBJECT: Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Address (No change For further information concerning this matter, please call: STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

INHS18 (5/08)

\$25 Filing Fee

* already paid

\$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:



June 2, 2009

TODD GILBERT 12004 WATERSIDE COURT TAMPA, FL 33612

SUBJECT: SANDY CAY, LLC Ref. Number: L06000069621

We have received your document for SANDY CAY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 Regulatory Specialist II

Letter Number: 209A00018454

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered
Name of the limited liability company:	Sundy Cay LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	BIRMING hom AL
(b) Mailing address of limited liability company:	3520
(Note: MAY BE POST OFFICE BOX)	Sine
7/12/06	L 06 0000 69621
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:	Michael T. Eronin
Registered Office Address:	_ 911 Chest not Street
	Cherwater of the
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address 9 9
NEW Registered Agent:	Todd Gilbert
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12004 Waterside Ct.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am jamiliar with and accept the obligations of my portugation of the companies of the provision of the p	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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