L01000109292

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(Request	ors Name)
(Address)
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PICK-UP	WAIT MAIL
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Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

Investors in the Sun Realty, LLC

Enclosed please find an original and one (1) copy of the Certificate of Designation for the above corporation and check in the amount of \$35.00.

From:

Investors in the Sun Realty, LLC 407 Aldridge Lane Davenport, FL 33897

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TNVESTORS IN THE SUN REALTY (Name of Limited Liability Company)
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:
MICK THAKE
(Name of Person)
INVESTORS IN THE SUN REACHT LLC
(Firm/Company)
407 ALDRIDGE CANE (Address)
(Address)
DANENPORT, FL33897
(City/State and Zip Code)
For further information concerning this matter, please call:
MICK THAKE at (863) 4-20 4423
(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 amount:
\$25 Filing Fee \$\times\$ \$55 Filing Fee & Certified Copy
h

INHS18 (8/05)



December 21, 2007

INVESTORS IN THE SUN REALTY LLC 407 ALDRIDGE LANE DAVENPORT, FL 33897

SUBJECT: INVESTORS IN THE SUN REALTY LLC

Ref. Number: L06000109292

We have received your document for INVESTORS IN THE SUN REALTY 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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6967.

Letter Number: 007A00071218

Leslie Sellers Regulatory Specialist II

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:	NVESTORS IN THE SUN REALTY.
2. The mailing address of the limited liability compar	
DAVENPORT, FLORIDA 33897	•
11/10/2006	106000109292
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the records of the
	ALE MATTHEW.O. DIXON
Nam Got Atoriote	CANTE 141 SOUTH ROMA WAY
	ESS KISSIMMER, FLORIDA 34736
DATE TOOK State	and Zip
6. The name and address of the new registered agent a	•
MICK TH.	AKE
Name 407 ALORIOSE	/ANG
Florida street address (P.O	
DAVENPORT FL	33897
City, State a	nd Zip
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com	the Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.
Devall	SECRET ALLAND
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	ZARY ASSE
I hereby accept the appointment as registered agent acceptly with the provisions of all statutes relative to the and I am familiar with and accept the obligations of management of the confirmal that the limited liability con (Signature of Registered Agent)	m [ii]

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

INHS18 (8/05)