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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: D'Angelo Glades, LLC (Name of	f Limited Liabili	ty Company)
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning	ig this matter to	the following:
Steven G. Miller, Esquire		
(Name of Person)		_
A44 A44		STEVEN G. MILLER
Attorney At Law (Firm/Company)		ATTORNEY AT LAW 4800 NORTH FEDERAL HIGHWAY STE. 100-D BOCA RATON, FL 33431
4800 North Federal Highway, Suite 10)0-D	
(Address)		_
Boca Raton, FL 33431		
(City/State and Zip Code)		-
For further information concerning this ma	itter, please call:	
Steven G. Miller, Esquire	at (561	367-7785
(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	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
Enclosed is a check for the follow	ing amount:	•
✓ \$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. The name of the limited liability company	is: D'Angelo Glades, LLC	•
2. The mailing address of the limited liability	company is : 8228 Glades Road, Boo	ca Raton, FL 33434
12/14/2006	L06000119239	•
3. Date of filing/registration in Florida	4. Document number	er
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on	the records of the
Carolyn Kramer	Name	•
8228 Glades Road		
OLLO GIAGO NOA	Address	
Poor Poton El 33434		7. 2
	ty, State and Zip	
6. The name and address of the new registered	d agent and/or office:	2007 AUG I
Wendy Sheldon		ASSE
8228 Glades Road Florida street addi	Name I ress (P.O. Box NOT acceptable)	ED PHI2: 21 OF STATE E.FLORID
Boca Raton	FL 33434	
City	y, State and Zip	
If the limited liability company is not organiz 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 liab (Signature of a member or authorized representative of a me	e made, the Florida street address of t will be identical. Or, in the case of the change(s) was/were authorized bany or as otherwise provided in the a ility company. STEV ATTO 4800 NORTH FED	the registered office a Florida limited by an affirmative vote rticles of organization /EN G. MILLER DRNEY AT LAW PERAL HIGHWAY STE TOOLE
Steven G. Miller, Esquire	BOCA R	WON, FL 33431
(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, I hereby confirm that the limited liable (Signature of Registered Agent)	d agent and agree to act in this capa ative to the proper and complete perf tions of my position as registered age ng filed to merely reflect a change in bility company has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office vriting of this change.

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