## 107000008025

(Requestor's Name)			
( odgasta o 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:			
Rec 10/10/07 No Money			

Office Use Only



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## COVER LETTER.

TO: Registration Section Division of Corporations	
SUBJECT: Greenhouse (Name of Limit	Properties, LLC ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Richard Westenberg. (Name of Person)	er
(green of cuse Profe)	
6/31 ROCKross Au (Address)	<u>le</u>
Mew Port Richey R. (City/State and Zip Code)	1 34655
For further information concerning this matter, p	lease call:
(Name of Person) at (	(727) 511-1173  (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 ar	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## LORIDA DEPARTMENT

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2007

KAREN WESTENBERGER 6131 ROCKROSS AVE NEW PORT RICHEY, FL 34655

SUBJECT: GREENHOUSE PROPERTIES, L.L.C.

Ref. Number: L07000008025

We have received your document for GREENHOUSE PROPERTIES, L.L.C.. However, the document has not been filed and is being returned for the following:

There is a fee of \$25.00 due.

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).

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 607A00059916

## 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.

111

1. The name of the limited liability company is:	ee house properties,	<u> 22 C</u> .
2. The mailing address of the limited liability company	is: 6/3/ ROCKFOCS A	9UC.
New ProT Dickey, PC 30	1655	•
True just killie ji to 39	1 - 000	
	<u> </u>	<u>5</u>
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State:	ffice address as shown on the records of Service Campany	f the
Name	T.	
/2-8 / /-///S 3/ Address	S (	<b>o</b> : 🖳
TAllahassee, Pl	5230/	7 N
Citý, State ar	id Zip	ECRETARY SION OF C
6. The name and address of the new registered agent and	l/or office:	دار ر
Richard Wester	berger	<b>P Rep</b>
Name		: AA
6/3/ ROCKross		<b>-</b> 5
Florida street address (P.O. I	• .	
New Port Richey FL City, State and	34655	
City, State and	l Zip	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	e Florida street address of the registered entical. Or, in the case of a Florida limites. (s) was/were authorized by an affirmat	l office ited ive vote
(Signature of a member or authorized representative of a member)	<u> </u>	
(Printed or typed name of signee)	<del>_</del>	•
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further proper and complete performance of m position as registered agent as provide merely reflect a change in the registere any has been notified in writing of this	r agree to sy duties, ed for in ed office change.

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

(Signature of Registered Agent)