LU7000018674

(R	equestor's Name)	
(A	ddress)	.
	ddress)	
(Ai	udress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(Do	ocument Number) -	
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
		:
		Ì

Office Use Only



100163133621

12/03/09--01014--020 **25.00



B. KOHR

DEC - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Greater Or Name of L	lando Development LLC Limited Liability Company	
Dear Sir or Madam:	9	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Mashall J. Flerwin	wn.	
Greatu Ov Lando Firm/Company	Development	
7575 Dr. Phillips Address	Burland Str 335	
City/State and Zip Code	D3819	
E-mail address: (to be used for future annual report n		
For further information concerning this matter	er, please call:	
Marshall J. Flemion Name of Person	at (313) 378 - 3800 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	\$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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	er to change its registered office or registered		
1. Name of the limited liability company:	er Orlando Development LC		
2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	7575 Dr. Phillips Blud. Str 335 Orlando Fr 32819		
(b) Mailing address of limited liability company:	····		
(Note: MAY BE POST OFFICE BOX)	7575 Dr. Phillips Blud. Ste 335 Orlando, Pr. 32819		
2/19/2007	L07000018674		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on			
Registered Agent:	Marshall J. Flemion		
Registered Office Address:	6996 Piazza Grande ave. Suite 309		
	Orlando, FL 32835		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7575 Dr. Phillips Blud. Suite 335 Octando FL 32819		
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. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 648, F.S. Or if this document is being filed to me address, I hereby confirmation the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization y.		
Rignaphre of Registered Agent	y nas ocen nonjica in writing of this change.		
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314		

FILING FEE, \$25.00

INHS18 (05/08)