20700034680

(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:			
-			
· 			

Office Use Only



000145723580

03/16/09--01005--008 **25.00



D. BRUCE

MAR 17 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SUN 9H52, (Name of Lim	LLC nited 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 m	natter to the following:			
David Spezza				
(Name of Person)				
Equity Partners Real Estate, LLC (Firm/Company)		TAG: 0		
1324 Seven Springs Blvd. #363		D9 MAR 1		
(Address)	µ,	MAR 16 PH 12: 41 AHASSEE STATE		
New Port Richey, FL 34655 (City/State and Zip Code)		TATE 1		
For further information concerning this matter, ple	ease call:			
David Spezza at (727) 656-9867			
(Name of Person)	(Area Code & Daytime Telephone Number	er)		
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 pr 608,508	3. Florida Statutes, the	undersigned limite	ed liability
company submits the following in the State of Florida.	z statement in order to chan	ge its registered office	or registered agen	t. or both,
in the State of Florida.				
	5,44	PH52	110	

1. Name of the limited liability company:	NY452,22C
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 2241 BIRCHTON DRIVE
(b) Mailing address of limited liability company:	- 341 BIROW TO WA
(Note: MAY BE POST OFFICE BOX)	GLEMONTOWN TAX 38/39
04/02/2007	407000034680
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	CCRA Services, LLC
Registered Office Address:	2730 South A1A Highway
	Melbourne Beach, FL 32951
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	David Spezza
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	#363 Seven Springs Blvd.
If the limited linkility company is not aronaized under th	New Port Richey
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited Pability company.	eet address of the registered office and the business case of a Florida limited liability company, it is t by an affirmative vote of the members of the limited
MARY P. Tremere (Printed or typed name of signer)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. It is document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on a serious agree to Europe agent as provided for in Chapter 608, a change in the registered office address, I hereby feel in writing of this change.
(Signature of Registered Agent)	

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

IN11S18 (05/08)