## L07000035430

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRYAN

JUN 1 1 2009

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2009

SAM MERRILL HUNTER'S RIDGE RESIDENTIAL GOLF PROPERTI 1275 W. GRANADA BLVD, STE 5A ORMOND BEACH, FL 32174

SUBJECT: US GOLF DEVELOPMENT, LLC

Ref. Number: L07000035430

We have received your document for US GOLF DEVELOPMENT, 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):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Letter Number: 209A00004679

Joey Bryan Regulatory Specialist II FILED AN 8:38
SECRETARSEE, FLORIES

## COVER LETTER

	COVER LETTER
TO: Registration Section Division of Corporations	•
SUBJECT: Hunter's Ri	(Name of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	sistered Office Change and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Sam Merrill (Name of Person)  Hunter's Ridge Pe	op Jun 10 SECRETAR SECRETAR ALLAHASS
Hunter's Ridge Pr (Firm/Company)  1275 W. Granada (Address)	Blud., Ste 5A
Ormond Baach, F. (City/State and Zip Co	L 32174 de)
For further information concerning the	his matter, please call:
Sam Merrill (Name of Person)	at (386) 677-7298 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS: 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 608.508, 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.

in the State of Florida.			
1. Name of the limited liability company: <u>U.S. Co</u>	If Development, LLC		
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 1275 W. Granada Blvd, Ste5A Ormand Beach, FL 32174		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1275 W. Granada Blvd. Ste5A Ormand Beach, FL 32174		
4/3/2007 3. Date of filing/registration in Florida	107000035430 4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State		
Registered Agent:	Kin C. Booker Son		
Registered Office Address:	Drange City FL 32763		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Allan Feker		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1275 W. Granada Blud, Ste 5A Ormand Beach, FL 32174		
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited		
Allon Feker	_		
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promision am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.		

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

(Signature of Registered Agent)