## L0700036156

(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:						
L. SELLERS						
MAR 2 5 2008						
EXAMINER						

Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJE	<sub>CT:</sub> 3740 C	reswick	, LLC			
SCHOL		of Limited Li	ability Comp	any)		-
Dear Sir	or Madam:					
The encl	losed Registered Agent/Register	ed Office Cha	nge and fee(s	s) are submitt	ed for fil	ing.
Please re	eturn all correspondence concert	ning this matte	er to the follo	wing:		
	Steven R. Lacy					
	3740 Creswick (Firm/Company)	, LLC				
3	39 Snowberry (Address)	Circle				
	Denetia DA 15 (City/State and Zip Code)	5367				
	(enyrotate and 21p code)					
For furth	ner information concerning this	matter, please	cali:			
+2	(Name of Person)	at ( <u> </u>				_ one Number)
F [ ( 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7		
F	Enclosed is a check for the follo	owing amoun	t:			
	\$25 Filing Fee		] \$55 Filing !	Fee & Certifi	ed Copy	
INHS18 (	8/05)	fee al	ready p	aid -	see a	cover memo



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2008

STEVEN R. LACY 339 SNOWBERRY CIRCLE VENETIA, PA 15367

SUBJECT: 3740 CRESWICK, LLC Ref. Number: L07000036156

We have received your document for 3740 CRESWICK, 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):

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).

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) 245-6967.

Letter Number: 808A00011098

Leslie Sellers Regulatory Specialist II

## 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 l	iability company is:	3740 Cre	swick,	LLC	
2. The mailing address of the Venetia, P	e limited liability con				Circle.
4/10/07		<b>↓ C</b> 4. Doce	700003	36156	
3. Date of filing/registration	in Florida	4. Docu	ıment number		
	l agent and the registe te: Albertelli & 208 North L Tacksonville City, S	Halsema, f Name Laura Street	<u>r, Svi</u> te		of the
6. The name and address of t		ent and/or office:  A Cy ame Ay Villag (P.O. Box NOT acc	e Drive	ARY OF	2008 HAR 20 AH 8: 34
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereb of the members of the limite or the operating agreement of the operation of the operatio	ny is not organized unge or changes are made registered agent will by confirmed that the old liability company of the limited liability representative of a member)	nder the laws of the de, the Florida street be identical. Or, in change(s) was/were as otherwise provision pany.	State of Floriet address of the the case of a authorized by ided in the art	da, it is her ne registere Florida lin an affirma icles of org	reby ed office nited ative vote ganization

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

(Signature of Registered Agent)