L07000036748

| (Requestor's Name) | |
|--|--------------------------|
| (Address) | 900157454919 |
| (Address) | 000107-1010 |
| (City/State/Zip/Phone #) | |
| . PICK-UP WAIT MAIL | |
| (Business Entity Name) | 06/22/0901032005 **35.00 |
| . (Document Number) | 2103 TAUL |
| *Certified Copies Certificates of Status | TALLAHASSEE, FLORID |
| Special Instructions to Filing Officer: | E. FLORI |
| ı | DF 6 |
| | |
| | |

Office Use Only

C. LEWIS

JUI 13, 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2009

PAUL HOUVARDAS FORESIGHT PROPERTY SERVICES LLC 3780 TAMPA RD., STE. 201 OLDSMAR, FL 34677

SUBJECT: RIDGE CENTRE SHOPPES, LLC

Ref. Number: L07000036748

We have received your document for RIDGE CENTRE SHOPPES, 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):

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

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) 245-6047.

Letter Number: 709A00021526

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

| Division of Corporations | | |
|---|--|--|
| SUBJECT: Ridge Centre | Shoppes, I.C. | |
| Dear Sir or Madam: | | |
| beat 311 of Madam. | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this m | atter to the following: | |
| Paul Hauvardas Name of Person | | |
| Foresight Property Serv | iees, 11c. | |
| 3780 Tampa Rd. Suite | 201 | |
| Oldsmar, FL 34677 City/State and Zip Code | | |
| Paul & FSDSUC COM E-mail address: (to be used for future annual report notification | n) | |
| For further information concerning this matter, plea | ase call: | |
| Paul Hauardan at (S | 313 SSS-3800 Area Code & Daytime Telephone Number | |
| ivanie of Person | Area Code & Dayume Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section Division of Corporations | Registration Section Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | 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.

| agent, or both, in the State of Florida. | |
|--|--|
| 1. Name of the limited liability company: Ridge | Centre Shappes, 11c. |
| 2. (a) Principal office address of limited liability compan | y: |
| (Note: MUST BE STREET ADDRESS) | 3780 Tampa Pd. Suite 201 Diasmar, FL 341077 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | (same) |
| 4/5/2007 | L07000036748 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | Pappas, George G. |
| Registered Office Address: | 1822 N. Belcher Rd. Suite 200 Cranuater, Fl 337105 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | |
| NEW Registered Agent: | Foresignt Property Services, I.C. |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3780 Tumpa Rd. suite 201 Oldemar, FL 34677 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the I 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 other or the operating agreement of the limited liability compan | laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited b) was/were authorized by an affirmative vote rwise provided in the articles of organization |
| Signature of a member or authorized representative of a member | |
| Printed or typed name of signee | _ |
| I hereby 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 portugate to the provision of this document is being filed to maddress, I hereby confirm that the limited liability company | agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in early reflect a change in the registered office by has been notified in writing by this deange. |
| Signature of Registered Agent | 五二 |
| Division of Corporations, P.O. Box 63 | |