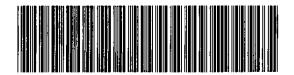
## 10000049665

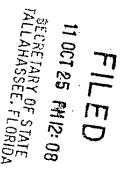
(Re	questor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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10/25/11--01029--006 \*\*25.00



D. BRUCE

OCT 25 2011

**EXAMINER** 

## **COVER LETTER**

ro:	Registration Section Division of Corporations					
SUBJ				ch, LLC		_
	Name of Li	imited L	iability	Company		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Of	ffice Cha	ange an	d fee(s) are submitte	d for filing.	
Please	return all correspondence concerning t	his matte	er to the	e following:		
	John D. Coot					
	John D. Gast Name of Person					
	Brennan, Manna & Diamond, P	<u>.L.</u>				
	3301 Bonita Beach Road, Suite	100				
	Address				FAS:	
					ECA LLA	<b>A</b>
	Bonita Springs, FL 34134-783	33				7
	City/State and Zip Code				SSE SSE	
					er Oui	i
15	timm@suncoastbev.com mail address: (to be used for future annual report no	tiff antion			F. S. S.	
E-	mail address: (to be used for future annual report no	meation			器(	
For fu	rther information concerning this matte	r, please	call:	.,	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	John D. Gast	at (2		992-65	578	_
	Name of Person		Are	a Code & Daytime Telepho	one Number	
	STREET/COURIER ADDRESS:		MAII	ING ADDRESS:		
	Registration Section			ration Section		
	Division of Corporations			on of Corporations		
	Clifton Building			ox 6327		
	2661 Executive Center Circle		Tallaha	assee, Florida 32314		
	Tallahassee, Florida 32301					
	Enclosed is a check for the following	g amoun	ıt:			
	\$25 Filing Fee	Γ	\$55 I	Filing Fee & Certifie	d 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.

Name of the limited liability company:	Milk Creek Ranch, LLC				
2. (a) Principal office address of limited liability company	2996 Hanson Street				
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33916				
(b) Mailing address of limited liability company:	2996 Hanson Street				
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33916				
05/09/2007	L07000049665				
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:	Michael M. Mitchell				
Registered Office Address:	2996 Hanson Street Fort Myers, FL 33916				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
<u><b>NEW</b></u> Registered Agent:	Timothy P. Mitchell				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2996 Hanson Street				
	Fort Myers ,FL 33916				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member					
Timothy P. Mitchell  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 proud I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

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

Signature of Registered Agent