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J. BRYAN

FEB 15 2011

EXAMINER



ATTORNEYS AT LAW

February 11, 2011

VIA FEDERAL EXPRESS

Division of Corporations Registration Section 2661 Executive Center Circle Tallahassee, FL 32399

RE: TIFFANY NORTH PORT, LLC

Dear Sir/Madam:

Enclosed herewith for filing is the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above named limited liability company.

Also, **enclosed** please find a check in the amount of \$25.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours

David H. Rosenberg, Esq.

Board Certified in Real Estate Law

For the Firm

WWWDHRPL COM

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:	TIFFANY NORTH PORT, LLC
2. (a) Principal office address of limited liability com	pany:
(Note: MUST BE STREET ADDRESS)	404 Fawos Run Morganyille, NJ 07751
(b) Mailing address of limited liability company:	- February 1
(Note: MAY BE POST OFFICE BOX)	404 Fawns Run Morganville, NJ 07751
05/23/2007	L07000054912 7.0
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:	Harrison, Kirkland, Pratt & Chulock PA
Registered Office Address:	1206 Manatee Avenue West Bradenton, FL 34205
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent; <u>NEW Registered Office Address:</u>	David H. Rosenberg, Esq. 1626 Ringling Boulevard
(MUST BE FLORIDA STREET ADDRESS)	Fifth Floor, Suite 500 Sarasota ,FL 34236
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of autember	the laws of the State of Florida, it is hereby ne Florida street address of the registered office dentical. Or, in the case of a Florida limited te(s) was/were authorized by an affirmative vote
Carmine Falcone Printed or typed name of signce	
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position us registered agent as provided for in i merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent	

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