## L07000059622

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	<b>■</b> WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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J. SAULSBERRY EXAMINER

JUN 2 2011

## **COVER LETTER**

Division of Corporation	S				
SUBJECT:	BRIDGES TIC	C - LEVENSO I Liability Compa			_
Dear Sir or Madam:					
The enclosed Registered Agent	/Registered Office (	Change and fee(s)	are submitted for	r filing.	
Please return all correspondence	e concerning this ma	atter to the follow	ving:		
Stephanie Name of Pe		<del></del>			
Senior Care (					
1240 Marbella Address	Plaza Drive				
Tampa, FI City/State and 2				SECRE	90 = 1.1
spapoulis@senior E-mail address: (to be used for futu	caregroup.com re annual report notification	n)			
For further information concern	ning this matter, plea	ase call:		F STATE	
Stephanie Papoul	is at (_	813 ) Area Code &	341-2700 Daytime Telephone Nu	- العتلم 	- -
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230 Enclosed is a check for	rcle I	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		
\$25 Filing Fee		\$55 Filing F	ee & Certified Co	ру	

TO: Registration Section

## 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. Name of the limited liability company:BI	RIDGES TIC - LEVENSON, LLC	
2. (a) Principal office address of limited liability comp	pany:	
(Note: MUST BE STREET ADDRESS)	1240 Marbella Plaza Drive Tampa, FL 33619	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	1240 Marbella Plaza Drive Tampa, FL 33619	
06/06/2007	L07000059622	
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:	National Registered Agents, Inc.	
Registered Office Address:	P.O. Box 927 West Windsor, NJ 08550-0927	
(b) Enter name of <b>NEW Registered Agent</b> and/or j	NEW Registered Office address:	
NEW Registered Agent:	David R. Vaughan	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1240 Marbella Plaza Drive Tampa ,FL33619	
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 in liability company it is hereby confirmed that the change of the inembers of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.  David R. Vaughan  Printed or typed name of signce  I hereby accept the appointment as registered agent as comply with the provisions of all signifies relative to the and I am familiar with and accept the obligations of member of the limited liability company. I hereby confirm that the limited liability company.	and agree to act in this capacity. I finisher agree to expression as registered agent as provided for in merely reflect a change in the registered of this change.	
Division of Corporations, P.O. Box		

**FILING FEE: \$25.00** 

INHS18 (05/08)