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SECRETARY THE SECRETARY OF THE SECRETARY

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Woolbright Investors, LLC				
(Name of Li	mited Liabili	ty Company)		
5 6 14 1		,		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.		
Please return all correspondence concerning t	his matter to	the following:		
Raj Bansal, M.D.				
(Name of Person)		-		
(Firm/Company)	- t- t-	<u>-</u>		
(r nin/company)				
875 Military Trail Suite 200				
(Address)		-		
Jupiter, FL 33458				
(City/State and Zip Code)	 	-		
For further information concerning this matter	r, please call:			
Raj Bansal, M.D.	at (561	746-2411		
(Name of Person)	at (<u>561</u>	Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:		ILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following	g 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.

1. The name of the limited	liability company is: V	oolbright Investors, LLC		
2. The mailing address of the	he limited liability com	oany is: 875 Military Tr	ail Suite 200	
Jupiter, FL 33458				
				·
June 19, 2007	39			
3. Date of filing/registration	n in Florida	4. Documer	nt number	
5. The name of the registere Florida Department of St.	ed agent and the register ate:	ed office address as sh	own on the records of t	he
	Corporate Creations r	etwork Inc.		
_	N	ame		
1	11380 Prosperity Farms	Road #221E	0	Ēω
_				
<u>P</u>	DEC	至門		
	City, St	ate and Zip	1	77
6. The name and address of	the new registered ager	t and/or office:	2	72E
R	Raj Bansal, M.D.		?:	
Name 875 Military Trail Suite 200			: 08	TO A STATE OF THE
Florida street address (P.O. Box NOT acceptable)			ible)	### ###
	·	•		
<u>J</u> 1	upiter j	CL 33458		
	City, Stat	e and Zip		
If the limited liability compactonfirmed that after the charand the business office of the liability company, it is herely of the members of the limit or the operating agreement of the limit of the members of the limit or the operating agreement of the limit of of	nge or changes are mad ne registered agent will by by confirmed that the cl ted liability company or	e, the Florida street ad be identical. Or, in the lange(s) was/were auth as otherwise provided	dress of the registered of case of a Florida limite norized by an affirmativ	office ed e vote
(Signature of a member or affinorized	d representative of a member)			~
Raj Bansal, M.D.				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions of and I am familiar with and of Chapter 608, F,S. Or, if this address, I hereby confirm th	tment as registered ager of all statutes relative to accept the obligations o is document is being file nat the limited liability o	nt and agree to act in t the proper and comp fmy position as regist d to merely reflect a ci ompany has been noti	his capacity. I further of lete performance of my ered agent as provided hange in the registered fied in writing of this ch	igree to duties, for in office nange.

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

(Signature of Registered Agent)