L07000066921

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





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10/12/09--01015--011 **645.00

B. KOHR OCT 1 3 2009 **EXAMINER**

COVER LETTER

TO: Registration Section Division of Corporations

SUBJEC	Burnt Store 2007 LLC							
	Name o	NY CTY 12 TY 12 TY O						
Dear Sir	or Madam:				g	130 C		
The encl	osed Registered Agent/Registere	d Office	Change	e and f	ee(s) are submitted for filing.	, , , , , , , , , , , , , , , , , , ,		
Please re	turn all correspondence concerni	ing this n	natter to	o the fo	ollowing:			
 -	Diane Murray		<u> </u>					
	Name of Person							
	Bonita Bay Group							
	Firm/Company							
	9990 Coconut Road Ste	200						
	Bonita Springs, FL 341: City/State and Zip Code	35						
E-mai	Dianem@bonitabaygroup	.COM	on)					
For furth	er information concerning this m	natter, ple	ase cal	1:				
	Diane Murray	at (_	239	_)_	390-1257			
	Name of Person			Area Co	de & Daytime Telephone Number			
	TREET/COURIER ADDRESS:		MAILING ADDRESS:					
	egistration Section		Registration Section					
D	ivision of Corporations		Division of Corporations P.O. Box 6327					
	lifton Building							
	661 Executive Center Circle allahassee, Florida 32301		lal	llahasse	e, Florida 32314			
E	nclosed is a check for the follow	wing amo	ount:					
√	\$25 Filing Fee		\$	55 Filii	ng Fee & Certified Copy			

INHS18 (5/08)

.. 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. N	ame of the limited liability company:	Burnt Store 2007 LLC				
2. (a	Principal office address of limited liability company	9990 Coconut Road Ste 200				
_[✓	(Note: MUST BE STREET ADDRESS)	Bonita Springs, FL 34135				
_(b)) Mailing address of limited liability company:	9990 Coconut Road S	te 200			
-[✔]	(Note: MAY BE POST OFFICE BOX)	Bonita Springs, FL 34135				
	4/8/2009	L07000066921	12 000			
3. D	ate of filing/registration in Florida	4. Document number	7			
5. (a	a) Registered Agent and Registered Office shown on	he records of the Florida Dept. o	f State:			
	Registered Agent:	Scott R. Whitney				
	Registered Office Address:	9990 Coconut Road Ste 200 Bonita Springs, FL 34135				
(b	NEW Registered Agent: NEW Registered Agent:	Gary Dumas				
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9990 Coconut Road Ste 200				
	111002 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Bonita Springs ,F	L <u>34135</u>			
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.						
Signat	ure of a member or authorized representative of a member	-				
Printe	d or typed name of signee	_				
	reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the provisions and accept the obligations of my poster 608, F.S. Or, if this document is being filed to me ess, I hereby confirm that the limited liability company	gree to act in this capacity. I fur oper and complete performance o sition as registered agent as prov rely reflect a change in the regist has been notified in writing of t	ther agree to of my duties, vided for in tered office his change.			
Signa	hits of Degistered Agent					

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