## L0700083204

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## **COVER LETTER**

TO: Registration Section Division of Corporations	<b>♥</b>		
SUBJECT: Gran ny, LLC (Name of Limited	Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
James Hamill (Name of Person)			
Gran ny, LLC (Firm/Company)			
4001 Virginia Avenue; Unit E			
(Address)	<del></del>		
Ft. Pierce, FL 34981-5557			
(City/State and Zip Code)			
For further information concerning this matter, plea	ase call:		
James Hamill at (7	772 <sub>)</sub> 519-0359		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following 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 limite	d lightlity company	ice Gran ny LLC	
	• •		
2. The mailing address of	f the limited liability	company is: 4001 Virginia Ave	enue; Unit E
Ft. Pierce, FL 34981-55	557	·	
8/10/2007		L07000083204	
3. Date of filing/registrat	ion in Florida	4. Document nui	mber
5. The name of the register Florida Department of	ered agent and the reg State:	gistered office address as shown	on the records of the
·	James Hamill		
		Name	•
5203 Okeechobee Road			
Address Address			
Ft. Pierce, FL 34947			
	Cit	y, State and Zip	
6. The name and address of the new registered agent and/or office:			ILED 17 PH 12: 48 1ASSEE, FLORID
James Hamill		FLORIZ	
Name		원크 <b>도</b>	
4001 Virginia Avenue; Unit E		Dri &	
*	Florida street addre	ess (P.O. Box <b>NOT</b> acceptable)	•
	Ft. Pierce,	FL 34981-5557	
	City	, State and Zip	
If the limited liability con	npany is not organize	ed under the laws of the State of	Florida, it is hereby

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 adhorized representative of a member)	<u> </u>
James Hamill	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent a 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 as registered agent as provided for in o merely reflect a change in the registered office upany 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