



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOBLES GROUP 8 FLORIDA LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAYMOND C. ECKERT  
(Name of Person)

NOBLES GROUP 8 FLORIDA LLC  
(Firm/Company)

1514 CREST DR  
(Address)

FORTUNA CA 95546  
(City/State and Zip Code)

08 AUG 12 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

For further information concerning this matter, please call:

RAYMOND C. ECKERT at (707) 834-3305  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2008

RAYMOND C. ECKERT  
1514 CREST DR  
FORTUNA, CA 95540

SUBJECT: NOBLES GROUP 8 FLORIDA, LLC  
Ref. Number: L07000110520

We have received your document for NOBLES GROUP 8 FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 308A00043357

**FILED**  
08 AUG 12 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: NOBLES GROUP 8 FLORIDA

2. (a) Principal office address of limited liability company: 1514 CREST DR  
FORTUNA, CA  
95540  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 1514 CREST DR  
FORTUNA, CA  
95540  
**(Note: MAY BE POST OFFICE BOX)**

3. Date of filing/registration in Florida: OCTOBER 31, 2007

4. Document number: LO7000110520

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: RAYMOND STARCHER

Registered Office Address: 2426 NE 14<sup>th</sup> ST #67  
OCCALA, FL 34470

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: RAYMOND STARCHER

**NEW** Registered Office Address: 2426 NE 14<sup>th</sup> ST #81  
OCCALA, FL 34470  
**(MUST BE FLORIDA STREET ADDRESS)**

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.

Raymond C. Eckert  
(Signature of a member or authorized representative of a member)

RAYMOND C. ECKERT  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Raymond Starcher  
(Signature of Registered Agent)

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

RECEIVED  
DIVISION OF STATE  
TALLHASSEE, FLORIDA  
OCT 31 2007  
PM 12:46