

**L07000118819**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

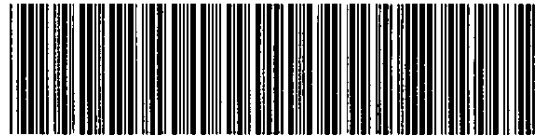
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

JUN 16 2009

**EXAMINER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seagrape Management, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L07000118819

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Milton & Jodie Leidig  
Name of Contact Person

Firm/Company

1227 Seagrape Circle  
Address

Weston, FL 33326  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

**FILED**  
09 JUN 15 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Milton & Jodie Leidig at ( 954 ) 309-8134  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: SEAGRAPE MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 1227 SEAGRAPE CIRCLE  
☐ WESTON, FL 33326  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1227 SEAGRAPE CIRCLE  
☐ WESTON, FL 33326  
(Note: **MAY BE POST OFFICE BOX**)

NOVEMBER 28, 2007  
3. Date of filing/registration in Florida

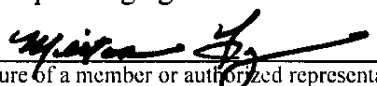
L07000118819  
4. Document number

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

Registered Agent: CORPORATE SERVICE MAINTENANCE, LLC  
Registered Office Address: 520 BRICKELL KEY DRIVE  
SUITE D-301  
MIAMI, FL 33131

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** MILTON LEIDIG  
**NEW Registered Office Address:** 1227 SEAGRAPE CIRCLE  
**(MUST BE FLORIDA STREET ADDRESS)** WESTON, FL 33326

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 authorized representative of a member

MILTON LEIDIG  
Printed or typed name of signer

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.

  
Signature of Registered Agent

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