L07000124322

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Queinose Entitudomo)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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C. LEWIS NOV 1 3 2008 EXAMINER

COVER LETTER

Division of Corporations						
SUBJECT: Grove Gateway, 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:						
Patty Boverie						
(Name of Person)						
National Corporate Services, Inc.						
(Firm/Company)						
2 Club Centre Court, Suite 5						
(Address)						
Edwardsville, IL 62025						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Patty Boverie at (866) 416-6274						
(Name of Person) (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section Division of Corporations 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 amount:						
✓ \$25 Filing Fee						

INHS18 (8/05)

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.

<i>u,</i>				
1. The name of the limited lial	bility company is: _	Grove Minuten	nan, LLC	*
2. The mailing address of the	limited liability com	pany is : <u>370</u>	7 Morrison St., NW	Washington D.C. 20015
				•
12/14/07		L	07000124322	
3. Date of filing/registration in	1 Florida	4.	Document numb	er
5. The name of the registered a Florida Department of State	igent and the registe	red office ad	dress as shown on	the records of the
СТ	Corporation System			
		Vame	·	- 1
1200 S. Pine Island RD				A CE
Address				
Diar				2. 5
Plantation FL 33324 City, State and Zip				5 5 -
6. The name and address of the	new registered age	nt and/or offi	ce:	2003 NOV 12 PH TALLAHASSEE, FI
NDA	I Consissa Jan			
<u>INFO</u>	d Services, Inc.	me		FLORIII
2724	= -			5F 2
	1 Executive Park Drive		M agamental	37
FIC	orida street address (r.O. Box NC	r acceptable)	
Wes	iton	FL 33331		<u>.</u>
	City, Sta	te and Zip		
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited or the operating agreement of the company of the member or authorized respectively.	e or changes are made egistered agent will confirmed that the cliability company or the limited liability of the liability of	le, the Florid be identical. hange(s) was r as otherwise	a street address of Or, in the case of /were authorized i	the registered office a Florida limited by an affirmative vote
SHOWNL	- 50 HRS 1812			
(Printed or typed name of signee)	X			
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this daddress, I hereby confirm that NRAI Services. Inc.	ent as registered age all statules relative to the obligations of ocument is being file the limited liability	nt and agree o the proper of my position ed to merely to company has	to act in this capa and complete perf n as registered age reflect a change in been notified in w	icity. I further agree to ormance of my duties, ent as provided for in the registered office oriting of this change.
(Signature of Registered Agent)		<u> </u>		
Sean L. Emerick, Asst. Secy.	Corporations, P.O.	Box 6327 T	Callahaceaa FI 3	2314
Division of	•	FEE: \$25.00	•	4U 17

INHS18 (8/05)