## 1080000028263

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	to Ciling Officer

special instructions to Filing Officer:

A. LUNT

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**EXAMINER** 

Office Use Only



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FILED

## **COVER LETTER**

Division of Corporations			
SUBJECT: Springville Financial Gro			<b>+</b>
(Name o	of Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Keith W. Gruebele			
(Name of Person)		2000 NOV 10 PM 4: 58	458
	HA CONTRACTOR OF THE CONTRACTO		-
Springville Financial Group, LLC			r
(Firm/Company)	'. 	N 10 PM 4: 58	rry
	•	35 E	•
10312 NW 55th Street		<u>≅</u> m	
(Address)			
0			
Sunrise, FL 33351 (City/State and Zip Code)			
For further information concerning this matte	er, please call:		
Keith W. Gruebele	at ( 954 ) 642-3395	<del></del>	
(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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	i ananasso, i ronda ses i r		
Enclosed is a check for the followin	g 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. Name of the limited liability company: Springville	Financial Group, LLC		. 0
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 10312 NW 55th Street Sunrise, FL 33351		- <b>0</b>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10312 NW 55th Street Sunrise, FL 33351		. D
03/18/2008	L08000028263		-
3. Date of filing/registration in Florida  5. (a) Parietand Apart and Registered Office shows an	4. Document number	af Stata.	
5. (a) Registered Agent and Registered Office shown on Registered Agent:	Keith W. Gruebele	of State:	
Registered Office Address:	10312 NW 55th Street Sunrise, FL 33351	ECRETAL LAHAS	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Keith W. Gruebele	O PH 4: 58 RY OF STATE SEE, FLORID	D
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10312 NW 55th Street Sunrise, FL 33351	FL ST	-
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is tet address of the registered office	hereby confired and the busine company it is	ness s
Keith W. Gruebele (Printed or typed name of signee)  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part amiliar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I fur oper and complete performance in as registered agent as provided change in the registered office ared in writing of this change.	rther agree to of my duties, for in Chapte ddress, I here	and I or 608, by
(Signature of Registered Agent)			

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