L08000032026

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
,	
Certified Copies Certificates of Status	_
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CALLAHASSEE, FLORID

C. LEWIS

FEB 2 2009 EXAMINER

COVER LETTER

SUBJECT: CITPLISLE AVE. SOUTH 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:				
ROBERT L. BRAND (Name of Person)				
CARLISLE AVE. SOUTH LLC (Firm/Company)				
340 SOUTH PALM AVE #412				
SARASOTA FL, 34236 (City/State and Zip Code)				
For further information concerning this matter, please call:				
ROBERT A, BRAND at (941) 364-8870 (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section				

Division of Corporations

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

Clifton Building

\$25 Filing Fee

TO: Registration Section

Division of Corporations

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 company submits the following statement in order to chan in the State of Florida.	8, Florida Statutes, the undersigned uge its registered office or registered ^	limited liability lagent, or both,
1. Name of the limited liability company:	SLE AVE SOL	2TH LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	340 S PALM MIE VMIT 412 SAPASOTA FL 3423	<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3405 PALM A SAPANOTA FL 3.	VL Y) 36
MARCH JB 2008 3. Date of filing/registration in Florida	<u>L0800003入の</u> 4. Document number	26
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of St	ate:
Registered Agent:	JOHN KURZ	
Registered Office Address:	340 5 PALM AVE UNIT 412 SALASOTA FL 34	+34
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:	
NEW Registered Agent:	ROBERT L BRAN	<i>)</i>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SAFASOTA ,FL	7 412 34234
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and ase of a Florida limited liability com-	the business
(Signature of a member or authorized representative of a member) Robert L. BRAD (Printed or typed name of signee)	<u>-</u>	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of the confirm that the limited liability company has been notified confirm that the limited liability company has been notified	gree to act in this capacity. I furthen per and complete performance of m as registered agent as provided for i hange in the registered office addre. In writing of this change.	agree to y duties, and I n Chapter 608, ss, I hereby
(Signature of Registered Agent)		
Division of Corporations, P.O. Box	•	

INHS18 (05/08)