2080000 46468

	(Requestor's Name)	-
	(Address)	
(Address)		
	7011 101-1-171-171-171-181	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
_	•	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status

Special Instructions to Filing Officer:

A. LUNT

JUL **29** 2009

EXAMINER

Office Use Only



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07/06/09--01010--006 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



July 8, 2009

ROSE M. LA FEMINA, ESQ 401 EAST LAS OLAS BLVD. SUITE 2000 FT. LAUDERDALE, FL 33301

SUBJECT: TROUT PROPERTY HOLDINGS, LLC

Ref. Number: L08000046468

We have received your document for TROUT PROPERTY HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6094.

Letter Number: 609A00023375

Agnes Lunt Regulatory Specialist II

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB	JECT: TROUT PROPERTY HON	LDINGS, LLC Limited Liability Company		_
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for fil	ing.	
Pleas	e return all correspondence concernin	g this matter to the following:		
	ROSE M. LA FEMINA, ESQUI Name of Person GREENBERG TRAURIG	RE	SECRETARY DE	2009 JUL 28 PM
	Firm/Company		FLOR	50 :2 Hd
	401 EAST LAS QLAS BLVD., Address FORT LAUDERDALE, FL 3330 City/State and Zip Code		DE A	v
— <u> </u>	LAFEMINAR@GTLAW.COM -mail address: (to be used for future annual report	t notification)		
For fi	urther information concerning this ma	tter, please call:		
	ROSE M. LA FEMINA Name of Person	at (954) 768-8215 Area Code & Daytime Telephone Number	er	
	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 follow			
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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: _TROUT_PRO	OPERTY HOLDINGS, LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	3215 West Gulf Drive, #A101 Sanibel, FL 33957
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) May 8, 2008 3. Date of filing/registration in Florida	c/o Rose M. La Femina, Esquire Greenberg Traurig 401 East Las Olas Blvd., Suite 2000 Fort Lauderdale, FL 33301 L08000046468 4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent: Registered Office Address:	Rose M. La Femina c/o Buchanan Ingersoll & Rooney PC 19950 West Country Club Dr., Ste 101 Aventura, FL 33180
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Greenberg Traurig 401 East Las Olas Blvd., Suite 2000
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 pand I am familiar with and accept the obligations of my pand Chapter 608, F.S. Or, if this document is being filed to naddress. I hereby confirm that the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
Signature of Registered Agent	

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