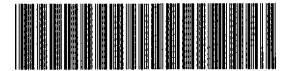
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(Req	uestor's Name)	
(Add	ress)	
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	,	
(City.	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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B. BOSTICK

JAN - 9 2012

EXAMINER

COVER LETTER

TQ:	Registration Section Division of Corporations			·.	·			•
SUBJ	TECT: Pine Ridge Com		y Golf A			o, LLC		_
Dear	Sir or Madam:			•				
The e	nclosed Registered Agent/Registered	Office	Change an	d fee(s) s	are submitte	ed for filir	10	
							-6.	
Please	e return all correspondence concernin	g this m	natter to the	followi	ng:			
	Wallace D. Payne							
	Name of Person			,				
Pir	ne Ridge Community Golf & Coun Firm/Company	try Clut	o, LLC					
						Æίχ	 ;	
	3473 W. Blossom Drive	İ				T A	12 JAH -6	e) rates new
	Address					E E	ź.	State and State
						(A) 2		र ग्या <u>().</u>
	Beverly Hills, Florida 3440	<u> 35</u>						erane e
	City/State and Zip Code					JAHÄSSEE, FLORID	A :: 5	***************************************
	wallacapayne@aol.com -mail address: (to be used for future annual repor)				Þ	-	
Е	-mail address: (to be used for future annual repor	t notificati	on)					
For fu	orther information concerning this ma	tter, ple	ease call:					
	Wallace D. Payne	at (352)		746-18	335		
	Name of Person		Аге	a Code & D	aytime Telepho	one Number		_
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registr Divisio P.O. Bo	ING ADI ation Sec on of Corp ox 6327 assee, Flor	tion			
	Enclosed is a check for the follow	ing am	ount:					
	\$25 Filing Fee		\$55 F	iling Fee	e & Certifie	d 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: Pine Rid	ge Community Golf & Country Club	<u>.LL</u>
2. (a) Principal office address of limited liability comp	pany: 5600 N. Elkcam Blvd.	
(Note: MUST BE STREET ADDRESS)	Beverly Hills, Florida 34465	
(b) Mailing address of limited liability company:	5600 N Elkcam Blvd.	
(Note: MAY BE POST OFFICE BOX)	Beverly Hills, Florida 34465	<u>.</u>
May 28, 2010	L08000056731	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	
Registered Agent:	Pam K. Slonaker	
Registered Office Address:	5149 N. Mint Point	
	Beverly Hills, Florida 34465	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office address: Wallace D. Payne 3473 W. Blossom Drive	
(MUST BE FLORIDA STREET ADDRESS)	Beverly Hills ,FL 34465	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vertherwise provided in the articles of organization pany.	ce ote on
comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, Lhereby confirm that the limited liability comp	e proper and complete performance of my dut y position as registered agent as provided for o merely reflect a change in the registered offi pany has been notified in writing of this chang >	ies, in ce ge.

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

INHS18 (05/08)