

DOCUMENT# L08000091096

Entity Name: PROPERTY MANAGEMENT PLUS, L.L.C.

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
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Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

Title: MGRM
Name: FITZMORRIS, PATRICK G
Address: 410 ROBIN HOOD CIRCLE #202
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICK FITZMORRIS MBR 04/19/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date