(Requestor's Name) (Address) (Address)	300141390643
(City/State/Zip/Phone #)	01/20/0901034003 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	09 JAN 20 PH 3: 29
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## **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: Sun Resorts International 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:

Sean Emerick

(Name of Person)



For further information concerning this matter, please call:

Sean Emerick	at ( 618 ) 656-3791
(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	P.O. Box 6327
2661 Executive Center Circle Tallahassee; Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
✓ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (8/05)	

STATEMENT OF CHANCE OF DECISTEDED OFFICE OD F

## 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. The name of the limited liability company is: Sun Resorts International LLC

2. The mailing address of the limited liability company is :

6350 Gulf of Mexico Drive, Longboat Key, FL 34228

11/06/2008

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L08000104121

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Chris Caswell	
Name	
240 S. Pineapple Ave., Suite 802	60
Address	Sec.
Sarasota, FL 34236	AN ORE
City, State and Zip	20
6. The name and address of the new registered agent and/or office:	O PH
NRAI Services, Inc.	3: RAT

Name 2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston FL 33331 City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Algorithm of a member of a member)

HENRY C. MILLER

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Gr. if his document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services, Inc.

(Signature of Registered Agent) Sean L. Emerick - Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00