## L0800061288

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## **COVER LETTER**

TO: Registration Section Division of Corporations Orlando 4 Villas Realty 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: Ian Longhorn Name of Person Orlando 4 Villas Realty LLC Firm/Company 12215 Outlook Dr Address Clermont, FL, 34711 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 863 Ian Longhorn Name of Person 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 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified 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. N	ame of the limited liability company: Orlando 4 Villas Real	ly LLC	
2. (a	) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	19: 12215 Outlook Dr Clermont FL, 34711	
(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	12215 Outlook Dr Clermont FL, 34711	
11/14/2	2008	L08000106288	
3. D	ate of filing/registration in Florida	4. Document numbe	r
5. (a	a) Registered Agent and Registered Office shown or	the records of the Flo	rida Dept. of State:
	Registered Agent:	lan Longhorn	
	Registered Office Address:	9310 US Hwy 192, Ste 4 Clermont, FL, 34714	<u> </u>
(b	) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office	addréss: co
	NEW Registered Agent:	łan Longhorn	马
	NEW Registered Office Address:	12215 Outlook Dr	<u> </u>
	(MUST BE FLORIDA STREET ADDRESS)	Clermont,	,FL 34711
confi and t liabil the m the o	e limited liability company is not organized under the remed that after the change or changes are made, the he business office of the registered agent will be identity company, it is hereby confirmed that the change nembers of the limited liability company or as otherw perating agreement of the limited liability company.	Florida street address on the case of the	of the registered office of a Florida limited
Printe  I her  compand I  Char	d or typed name of signee  reby accept the appointment as registered agent and  reby with the provisions of all statutes relative to the p  tam familiar with and accept the obligations of my p  there 608, F.S. Or, if this document is being filed to m  ess. I hereby confirm that the limited liability compa	agree to act in this cap roper and complete pe oosition as registered a terely reflect a change ny has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Signat	ture of Registered Agent		

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