## L09000013133

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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C. LEWIS

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EXAMINER

## **COVER LETTER**

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Division of Corporations			
SUBJECT: RRR Grande Bay IV, LL	C		
(Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	•		
Dawn Manuelle			
(Name of Person)			
Consolidated Management, Inc. (Firm/Company)	<del></del>		
(Film/Company)			
24500 Chagrin Boulevard, #200			
(Address)			
Beachwood, Ohio 44122			
(City/State and Zip Code)			
For further information concerning this matte	r, please call:		
Dawn Manuelle	at (216) 464-5130 ext. 3071		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	g 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.

Name of the limited liability company: RRR Grande Bay IV, LLC		
2. (a) Principal office address of limited liability company: 411 77th Avenue North  (Note: MUST BE STREET ADDRESS)  St. Petersburg, Florida 33702		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	24500 Chagrin Boulevard, #200 Beachwood, Ohio 44122	
February 9, 2009  3. Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office shown on a	L09000013133  4. Document number the records of the Florida Dept. of State:	
Registered Agent:	Robert R. Risman	
Registered Office Address:	411 77th Avenue North St. Petersburg, Florida 33702	0
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>	W Registered Office address:	
<u><b>NEW</b></u> Registered Agent:	Robert G. Risman	Ð
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	St. Petersburg,FL_33702	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited	
Robert R. Risman (Printed or typed name of signee)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited hability company has been notified (Signature of Registered Agent)  Division of Corporations, P.O. Box	as registered agent as provided for in Chapter 608, change in the registered office address, I hereby lin writing of this change.	
FILING FEE	: \$25.00	