

L09000040883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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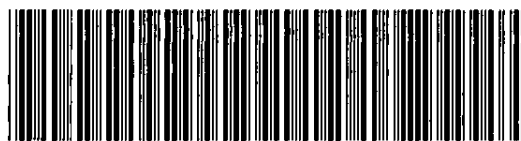
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON  
APR 15 2011  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

4/12/11

SUBJECT: WOODBRIIDGE MANAGEMENT, 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:

Joseph DE CHRISTOFALO  
Name of Person

WOODBRIIDGE MANAGEMENT, LLC  
Firm/Company

2920 HATTERAS WAY  
Address

NAPLES, FL. 34119  
City/State and Zip Code

JDCRDC@MAC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph DE CHRISTOFALO at ( 239 ) 513-9413  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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. Name of the limited liability company: WOODBRIDGE MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 2920 HATTERAS WAY  
NAPLES, FL 34119  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 2920 HATTERAS WAY  
NAPLES, FL 34119  
**(Note: MAY BE POST OFFICE BOX)**

APRIL 28, 2008

3. Date of filing/registration in Florida

LO9000040883

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

HL STATUTORY AGENT, INC.

Registered Office Address:

800 LAUREL OAK DRIVE SUITE 600  
NAPLES, FL 34108

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

JOSEPH DE CRISTOFARO

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

2920 HATTERAS WAY  
NAPLES, FL 34119

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.

Joseph De Cristofaro, MGR.

Signature of a member or authorized representative of a member

JOSEPH DE CRISTOFARO

Printed or typed name of signer

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. Or, if this 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.

Joseph De Cristofaro

Signature of Registered Agent

4/12/11

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00