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EXAMINER OF SOME

COVER LETTER

Registration Section Division of Corporations 7 Deuce Sports Club, LLC SUBJECT: 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: Jill Ehrlich, Paralegal Name of Person Spector Gadon & Rosen, P.C. Firm/Company 1635 Market Street, 7th FL Address Philadelphia PA 19103 City/State and Zip Code jehrlich@lawsgr.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill Ehrlich, Paralegal 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 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

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:	7 Deuce Sports Club, LLC	
2. (a) Principal office address of limited liability compa	ny: 1137 S. Bluelake Road	
(Note: MUST BE STREET ADDRESS)	Deland FL 32724	
(b) Mailing address of limited liability company:	1137 S. Bluelake Road	
(Note: MAY BE POST OFFICE BOX)	Deland FL 32724	
6/12/2009	L0900005782	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:	
Registered Agent:	Munroe, W. Bradley Esquire	
Registered Office Address:	239 E Virginia Street Tallahassee FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address	
<u>NEW</u> Registered Agent:	Spector Gadon & Rosen P.C. &	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	360 Central Ave Suite 1550 St Petersburg ΣΣFL 38701	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office	
Thomas, William W III		
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand form familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability compositions of Registred Agent	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		