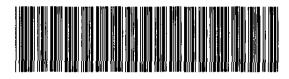
## 09000058403

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer: 25. 8		25. ~
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Office Use Only



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T. HAMPTON

NOV 2 3 2009

EXAMINER



## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: Hibiscus Island &	Home, LLC  1 Liability Company	
Time of Elimina	. Diability 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 m	atter to the following:	
· · · · · · · · · · · · · · · · · · ·		
lan d		
Jill Bonar Name of Person		
Name of Person		
th - 1 2 11. 110		
Ehrat Consulting, LLC Firm/Company		
Firm/Company		
550 //th St. Suite 202		
Address	<del></del>	
Mianu Beach, FL 33139	<b>?</b>	
City/State and Zip Code	<del></del>	
Jillhonar @ ehrat consulting E-mail address: (to be used for future annual report notification	n, Com	
For further information concerning this matter, plea	ase call:	
Jill Banur att	305 ) 777-2304	
Name of Person	Area Code & Daytime Telephone Number	
CTREET/COIDIED ADDRESS.	MAILING ADDRESS.	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: 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. Name of the limited liability company: Hibiscus	Island Home UC
2. (a) Principal office address of limited liability company:	550 1/th St #208
(Note: MUST BE STREET ADDRESS)	pianu Beh, FL 33139
(b) Mailing address of limited liability company:	550 11th St #208
(Note: MAY BE POST OFFICE BOX)	Miami Bch, FL 33139
6-16-09	L090000 <b>9</b> 8403
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Ehrat Consulting, UC
Registered Office Address:	1051 Collins AVI. # 9 Mari Boh, FL 33139
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address: Ehrat Consulting, LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	550 11th St. Svite 202 manu Black FL 33139
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization.
Signature of a member or authorized representative of a member	ORP OF S
S4M S2abla - Printed or typed name of signee	ATTE
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my pos. Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.