Division of Corporation

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)

Account Number: 076117000420 Phone

: (561)650-0728

Fax Number

: (561)655-5677

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## REGISTERED AGENT CHANGE SANTORINI CAGE HOLDING, LLC

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DEC 11 2009

**EXAMINER** 

## H090002546453

### COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	SUBJECT: Santorini Cage Holding, LLC  Name of Limited Liability Company				
Dear	Sir or Madam:				
17021	Si O Hadain.				
The e	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Pleas	return all correspondence concerning this	matter to the following:			
		•			
	Line A. Cabacidas For	<del></del> "		0	
	Lisa A. Schneider, Esq. Name of Person		99	Ξυ	
	•		<b>09</b> DEC 10	Sick	
	GUNSTER, YOAKLEY & STEWART, F	PA	<u> </u>	5 2 2 2 2 3	
	Firm/Company	- 3	0	C A	
	•				
	777 South Flagler Drive, Suite 500 Ea	<u>așt</u>	ن	35	
	Address	***************************************	00	13.3	
				.z.	
	West Palm Beach, FL 33401				
	City/State and Zip Code				
	mcramer-scharlatt@gunster.com		•		
F	mcramer-scharlatt@gunster.com mail address: (to be used for future annual report notifica	ition)			
For fu	rther information concerning this matter, pl	ease call:			
Ма	y E. Cramer-Scharlatt, C.P., FRP at (	561 ) 650-0728			
	Name of Person	Arca 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 32314				
	Tallabassee, Florida 32301				
Enclosed is a check for the following amount:					
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
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#### H090002546453

# 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:	Santorini Cage Holding, LLC			
2. (a) Principal office address of limited liability compa	any: 11621 Kew Gerdens Avenue			
(Note: MUST BE STREET ADDRESS)	Suite 109 Palm Beach Gardens, FL 33410			
(b) Mailing address of limited liability company:	11621 Kew Gardens Avenue			
(Note: MAY BE POST OFFICE BOX)	Suite 109 Palm Beach Gardens, FL 33410			
July 27, 2009	L09000072228			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:			
Registered Agent:	GY Corporate Services, Inc.			
Registered Office Address:	777 South Flagler Drive Suite 500 East West Palm Beach, FL 33401			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>				
NEW Registered Agent:	Kathryn K. Theofilos			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11621 Kew Gardens Avenue Suite 109 Palm Beach Gardens ,FL 33410			
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.  Signature of a member or authorized representative of a member				
Lisa A. Schneider, Esq., Authorized Representative Printed or typed name of signee	<u>ve</u>			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and actept the obligations of my Chapter 606/F.S. Or, if this document is being filed to address, I bereby donlift that the limited liability completely.	d 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 merely reflect a change in the registered office any has been notified in writing of this change.			
Signature of Reastered Cont Kathryn K. Theofilos	<b></b>			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				
INIIS 18 (05/08)	H09000254645 3			