

L10000038218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

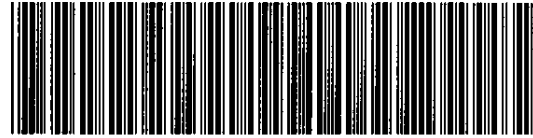
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700181598667

06/07/10--01053--012 \*\*25.00

FILED  
10 JUN -8 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 9 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COUNTYWIDE RESIDENTIAL 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:

REILLY FRANK V

Name of Person

REILLY ROCHE LLP

Firm/Company

P.O. BOX 11226

Address

POMPANO BEACH, FL 33061

City/State and Zip Code

frank\_reilly@reillyroche.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REILLY FRANK V

Name of Person

at ( 954 )

229-1008

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

**FILED**  
10 JUN - 8 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: COUNTYWIDE RESIDENTIAL LLC

2. (a) Principal office address of limited liability company: c/o REILLY ROCHE LLP

☐ (Note: MUST BE STREET ADDRESS) 1451 W CYPRESS CREEK RD STE 300  
FORT LAUDERDALE, FL 33309

(b) Mailing address of limited liability company: P.O. BOX 11226

☐ (Note: MAY BE POST OFFICE BOX) POMPANO BEACH, FL 33061

04/08/2010 L10000038218  
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: REILLY FRANK V

Registered Office Address: 1350 NE 56TH ST SUITE 140  
FORT LAUDERDALE, FL 33334

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

NEW Registered Agent: REILLY FRANK V

NEW Registered Office Address: c/o REILLY ROCHE LLP  
(MUST BE FLORIDA STREET ADDRESS) 1451 W CYPRESS CREEK RD STE 300  
FORT LAUDERDALE, FL 33334

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.

FRANK V. REILLY FOR THE COMPANY  
Signature of a member or authorized representative of a member

FRANK V. REILLY  
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.*

FRANK V. REILLY  
Signature of Registered Agent

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

FILING FEE: \$25.00

OFFICER / DIRECTOR DETAIL CHANGES:

TITLE MGRM

REILLY, FRANK V.  
P.O. BOX 11226  
POMPANO BEACH, FL 33061

TITLE MGRM

ROCHE, MYRNABELLE  
P.O. BOX 11226  
POMPANO BEACH, FL 33061

FILED  
10 JUN -8 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA