

L10000054200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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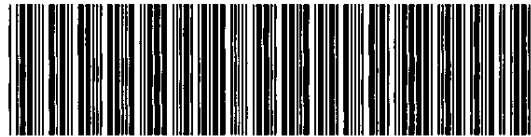
(Business Entity Name)

(Document Number)

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2012 AUG 13 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 16 2012



**SICILIANO  
MYCHALOWYCH  
& VAN DUSEN**

PROFESSIONAL LIMITED LIABILITY COMPANY  
ATTORNEYS AND COUNSELORS

37000 GRAND RIVER AVENUE, SUITE 350, FARMINGTON HILLS, MICHIGAN 48335 248-442-0510 FAX 248-442-0518

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Gerald E. Grimes  
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Lindsay James  
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Katherine K. Heritage  
Adam M. Richard

August 8, 2012

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

**Re: Registration of Cambridge Limited Partnership – II  
A Michigan Limited Partnership**

Dear Sir or Madam:

Enclosed please find the following for filing and registration:

1. Cover Letter providing the undersigned's contact information;
2. \$25.00 filing fee; and
3. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Please process in your usual manner and contact the undersigned with any questions or concerns.  
Thank you.

Very truly yours,

SICILIANO MYCHALOWYCH & VAN DUSEN, PLC

Meghan W. Cassidy

Enclosures.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LV 204, 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:

Meghan W. Cassidy

Name of Person

SMV Law Offices

Firm/Company

37000 Grand River Ave., Ste. 350

Address

Farmington Hills, MI 48335

City/State and Zip Code

MCassidy@smv-law.com

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

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2012 AUG 13 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Meghan W. Cassidy

Name of Person

at ( 248 )

442-0510

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: LV 204, LLC

2. (a) Principal office address of limited liability company: 7305 Bay Street

**(Note: MUST BE STREET ADDRESS)**

St. Pete Beach, FL 33706

(b) Mailing address of limited liability company: 7305 Bay Street

**(Note: MAY BE POST OFFICE BOX)**

St. Pete Beach, FL 33706

5/19/2010  
3. Date of filing/registration in Florida

L10000054200  
4. Document number

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

Registered Agent: David M. Clapper

Registered Office Address: 1638 River Lane  
Ft. Lauderdale, FL 33316

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

**NEW** Registered Agent: Mitchell T. Mcrae

**NEW** Registered Office Address: 5300 West Atlantic Ave.  
**(MUST BE FLORIDA STREET ADDRESS)** Ste. 412  
Delray Beach, FL 33484

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.

Meghan W. Cassidy  
Signature of a member or authorized representative of a member

Meghan W. Cassidy  
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.*

[Signature]  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**