

L 10000080906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

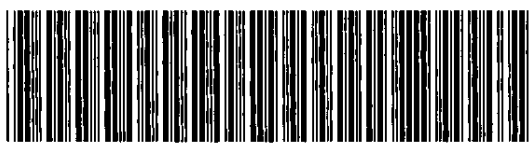
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV - 5 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2012

DAMIAN & VALORI LLP
MELANIE E DAMIAN ESQ.
1000 BRICKELL AVE, STE. 1020
MIAMI, FL 33131

SUBJECT: PFGRE, LLC
Ref. Number: L10000080906

We have received your document for PFGRE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 012A00026106

DAMIAN & VALORI LLP
ATTORNEYS AT LAW

October 30, 2012

Via U.S. Mail

Karen A. Saly
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PFGRE, LLC
Ref. No.: L10000080906

Dear Karen:

I received your letter dated October 24, 2012, Letter No. 012A00026106, regarding the above-referenced matter. I enclose your letter and a corrected copy of the Statement of Change of Registered Agent, with the signature of the registered agent accepting the designation.

I did not receive a returned check for the filing fee, so I did not reissue it. Please advise if the original filing fee submitted will be applied to this corrected document. If so, please proceed with the filing of the enclosed document.

If you have any questions or concerns regarding the foregoing, please do not hesitate to contact me at (305) 371-3960. Thank you.

Sincerely,



David M. Carnright
Counsel for Receiver, Melanie E. Damian

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

PFGRE, 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:

Melanie E. Damian, Esq., Receiver

Name of Person

Damian & Valori LLP

Firm/Company

1000 Brickell Avenue, Suite 1020

Address

Miami, Florida 33131

City/State and Zip Code

mdamian@dvllp.com

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

For further information concerning this matter, please call:

Melanie E. Damian

Name of Person

at (**305**)

371-3960

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.

PFGRE, LLC

1. Name of the limited liability company: _____
7441 N. Tamiami Trail

2. (a) Principal office address of limited liability company: _____
Sarasota, FL 34243
(Note: MUST BE STREET ADDRESS)

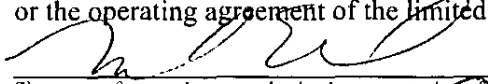
(b) Mailing address of limited liability company: _____
7441 N. Tamiami Trail
Sarasota, FL 34243
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 8/02/2010
4. Document number: L10000080906

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Price, Aubrey L
Registered Office Address: 7441 N. Tamiami Trail
Sarasota, FL 34243

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Melanie E. Damian, Esq., Receiver
NEW Registered Office Address: 1000 Brickell Avenue
(MUST BE FLORIDA STREET ADDRESS) Suite 1020
Miami, FL 33131

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.

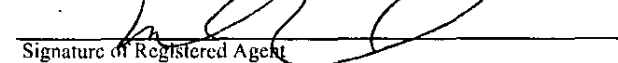


Signature of a member or authorized representative of a member



Printed or typed name of signee: Melanie E. Damian, Esq., Receiver

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 of Registered Agent

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

FILED
12 NOV -2 / PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA