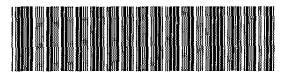
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(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fil	ing Officer:	
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DIVISION OF CORPORATIONS
OF SEP 21 PM 1:53

J. BRYAN SEP 2 2 2006

COVER LETTER

Division of Corporations		
SUBJECT: Lamplight Village, L. C.		
(Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for fili	ng.
Please return all correspondence concernin	g this matter to the following:	
Gera George		0 0
(Name of Person)		SECR SECR
Guju Law Firm, P.A.		OF SEP 21 PM 1:53
(Firm/Company)		P. 35
31564 US Hwy 19 N		Si
(Address)		ω ₀
Palm Harbor, FL 34684		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
	, p. 1445 0444	
Gera George	_at (727) 526-3529 X104	
(Name of Person)	(Area Code & Daytime Telepho	ne Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the followi	ing amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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. The name of the limited liability company is: Lamplight	Village, L. C.	. .
2. The mailing address of the limited liability company is	: 8624 4th St. N, St. Petersburg,	FL 33702
	* -	_
August 18, 1999	L99000005179	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered offi Florida Department of State:	ce address as shown on the reco	ords of the
Troy H Myers, Jr. Esq.		
Name		
2033 Main St. Suite 600	<u> </u>	<u> </u>
Address		
Sarasota, FL 34237 City, State and	710	06 15 SE .
•	•	SE SE
6. The name and address of the new registered agent and/o	or office:	SECRETARY INVISION OF CO
Guju Law Firm, P.A.		- 625
Name		2 25
31564 US Hwy 19 N		
Florida street address (P.O. Bo	ox NOT acceptable)	FOR STATIONS CORPORATIONS
Palm Harbor FL 34	684	
City, State and 2	Cip	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the fand the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	Florida street address of the reg tical. Or, in the case of a Floria was/were authorized by an after erwise provided in the articles of	istered office da limited Tirmative vote
Freedom International, L.L.C., by Lance Hunter, Member		4*
(Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pe Chapter 608, F. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	ngree to act in this capacity. I proper and complete performance is the complete performance is the complete performance in the region of the complete in the region of the complete in the complete in writing of the complete in the complete in writing of the comple	further agree to e of my duties, rovided for in sistered office of this change.

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

(Signature of Registered Age