m02000007//

	(Requestor's Name)
	(Address)
	(Address)
	(1441-55)
· . .	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
Constitution to the state of th	ine to Filling Officer

Special Instructions to Filing Officer:

A. LUNT

JAN 21 2010

EXAMINER

Office Use Only



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2010 JAN 19 PM 3: 40
SECRETARY OF STATE,
ALLAHASSEE, FISTATE,

FARMTON MANAGEMENT LLC ROOM 590 410 N. MICHIGAN AVENUE CHICAGO, ILLINOIS 60611 (312) 644-6720

January 12, 2010

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

Re: Farmton Management LLC Document Number M02000000710

Gentlemen:

Enclosed please find an executed Statement of Change of Registered Agent for the above foreign corporation. Also enclosed is a Farmton Management LLC check in the amount of \$25.00 in payment of the filing fee. Please contact the undersigned with any questions.

Sincerely,

Barbra Goering
Assistant Secretary

BG:dmm

Enclosure

FILED

COVER LETTER

TO: Registration Section Division of Corporations			
		ources LLC	
Name of Limit	ted Liability	Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change and	d fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the	e following:	
Barbra Goering			
Name of Person			
Farmton Water Resources LLC		SECRETARY OF STATE	<u> </u>
Firm/Company		AS.	
		3 3 3 4 5 5 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1	ľ
410 N. Michigan Ava. Boom 500		7	'n
410 N. Michigan Ave., Room 590		2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	,
		RE .	
01: 11.00044		15	
Chicago, IL 60611 City/State and Zip Code		•	
Chyrstate and Esp Code		·	
hagaring@miami cara cam			
bgoering@miami-corp.com E-mail address: (to be used for future annual report notific	ation)		
For further information concerning this matter, p	lease call:		
Barbra Goering at	(312)	644-6720	
Name of Person	Are	a Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	of Corporations Division of Corporations		
The state of the s		O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallaha	ssee, Florida 32314	
Enclosed is a check for the following an	nount:		
\$25 Filing Fee	\$55 F	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:	Farmton Water Resources LLC		
2. (a) Principal office address of limited liability con	npany:		
(Note: MUST BE STREET ADDRESS)	410 N. Michigan Ave., R Chicago, IL 60611	oom 590	
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	same		
March 20, 2002	M020000007	711 2 2	
3. Date of filing/registration in Florida	4. Document number	A T	
5. (a) Registered Agent and Registered Office show	n on the records of the Florida De	SSE State:	
Registered Agent:	Earl M. Underhill	\frac{1}{22} \frac{1}{22} \fra	
Registered Office Address:	1625 Osteen-Maytown R		
	Osteen, FL 32764		
(b) Enter name of <u>NEW Registered Agent</u> and/or	<u></u>	<u>\$\$</u> :	
NEW Registered Agent:	Michael A. Brown		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1625 Osteen-Maytown Road		
	Osteen	,FL <u>32764</u>	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the re identical. Or, in the case of a Flo use(s) was/were authorized by an	egistered office rida limited affirmative vote	
Barbra Goering			
Printed or typed name of signee	· · · · ·		
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or if this document is being filed to address, I hereby confirm that the simited liability con	and agree to act in this capacity. he proper and complete performa hy position as registered agent as to merely reflect a change in the r hpany has been notified in writing	I further agree to nce of my duties, provided for in egistered office to this change.	
Signature of Registered Agent			