110200001573

(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



000163789860

12/22/03--01001--015 **25.00

FILED

O9 DEC 18 PH 12: 41

J. BRYAN
DEC 21 2009
EXAMINER



 Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

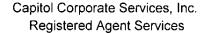
12/14/2009 FLORIDA

REP UNIT:

SA-PG - GAINESVILLE LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #18522 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.







COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SA-PG - CLEARWATER 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:
Myra Homer (Name of Person)
(
Capitol Corporate Services, Inc.
`
800 Brazos, Suite 400
(1.44.00)
Austin, TX 78701
(City/State and Zip Code)
For further information concerning this matter, please call:
Myra Homer at (800) 345 - 4647
(Name of Person) (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

INHS18 (5/08)

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: SA-PG -	CLEARWATER LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 4 WEST RED OAK LN 201 WHITE PLAINS NY 10604
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 WEST RED OAK LN 201 WHITE PLAINS NY 10604
6/18/2002	M02000001573
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:	REBAK, P.A., JOSEPH L
Registered Office Address:	TEW CARDENAS, 1441 BRICKELL AVENUE 15TH FLOOR MIAMI FL 33131 US
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
NEW Registered Agent:	Capitol Corporate Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. STE A Tallahassee,FL_32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles o limited liability company. (Signature of a member or authorized representative of a member)	at address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
,	
(Printed or typed name of signee) Manager	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in Writing of this change.
(Signature of Registered Agent) Delanie Case, Ass	st. Sec.

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