## M03000003847

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
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08 MAY 23 PM 12: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 27 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Suburban of South Florida, LLC (Name of Limited L	iability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
Michael J. Delaney (Name of Person)				
Suburban of South Florida, LLC (Firm/Company)	· · · · · · · · · · · · · · · · · · ·			
P.O. Box 909				
(Address)				
Troy, MI 48099				
(City/State and Zip Code)	<del></del>			
For further information concerning this matter, please	e call:			
Michael J. Delaney at (248	3 <sub>)</sub> 519-9890			
(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	\$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. The name of the limite	ed liability company is: Suburban o	f South Florida, LLC		
2. The mailing address of	f the limited liability company is:	P.O. Box 909		<del></del> .
Troy, MI 48099				
11/20/2003		M03000003897		
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the register Florida Department of	ered agent and the registered office State:	address as shown on	the records	of the
	Dennis Charrette			
	Name			
	1220 N. Military Trail			
	Address			
	West Palm Beach, FL 33407 City, State and Z	in	SE TAL	
	• •	_	ECH 8	
6. The name and address	of the new registered agent and/or	office:	AHA NETA	ш.
	Brenda Aupperlee		23 ARY (	一
	Name			in
1220 N. Military Trail			FE ST	O
	Florida street address (P.O. Box	NOT acceptable)	08 MAY 23 PM 12: 2 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	West Palm Beach FL 334	07		
	City, State and Zi	p		
confirmed that after the cland the business office of liability company, it is he of the members of the lin	npany is not organized under the la hange or changes are made, the Flo the registered agent will be identi- reby confirmed that the change(s) nited liability company or as other at of the limited liability company.	orida street address of cal. Or, in the case of was/were authorized wise provided in the a	f the register f a Florida li by an affirm	red office imited native vote
Timothy J. LeRoy				
(Printed or typed name of signee)		,		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Thereby confirm	intment as registered agent and ag is of all statutes relative to the pro id accept the obligations of my pos this document is being filed to mer that the limited liability company	ree to act in this cape per and complete per ition as registered ag ely reflect a change it has been notified in v	acity. I furth formance of ent as provi n the registe writing of th	her agree to f my duties, ded for in red office is change.

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

(Signature of Registered Agent)