M05000006157

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|---|--------------------|-------------|
| . (Re | equestor's Name) | |
| (Address) | | |
| (Address) | | |
| (Cit | ty/State/Zip/Phone | ∋ #) |
| PICK-UP | WAIT | MAIL |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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T. HAMPTON

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EXAMINER

COVER LETTER

| Division of Corporations | | | |
|---|--|--|--|
| | | | |
| SUBJECT: | Village Grand 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 | ng this matter to the following: | | |
| | | | |
| | | | |
| James E. Bridges | | | |
| Name of Person | | | |
| | | | |
| Village Grand LLC | | | |
| Firm/Company | | | |
| 400 0 11 0 1 0 1 11 | 204 | | |
| 128 Golden Gate Point #10 | <u>001 </u> | | |
| Address | | | |
| | | | |
| Sarasota Florida 34236 | | | |
| City/State and Zip Code | | | |
| kamith@lubaafaaraaata a | A | | |
| ksmith@lubeofsarasota.com E-mail address: (to be used for future annual report notification) | | | |
| | | | |
| For further information concerning this ma | tter, please call: | | |
| | | | |
| Kathy Smith | at (941) 954-0200 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | i ananassee, i ivitaa 12017 | | |
| Enclosed is a check for the follow | ing amount: | | |
| \$25 Filing Fee | √ \$55 Filing Fee & Certified Copy | | |
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TO: Registration Section

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.

| Name of the limited liability company: | Village Grand LLC | |
|--|---|--|
| 2. (a) Principal office address of limited liability compan | y: 128 Golden Gate Point | |
| (Note: MUST BE STREET ADDRESS) | #1001 Sarasota Florida 34236 | |
| (b) Mailing address of limited liability company: | 128 Golden Gate Point | |
| (Note: MAY BE POST OFFICE BOX) | #1001 Sarasota Florida 34236 | |
| 11/03/2005 | M0500006157 | |
| 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: | Corporation Service Company | |
| Registered Office Address: | 1201 Hays Street Tallahassee FL 32301-2525 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> | James E. Bridges 128 Golden Gate Point | |
| (MÜST BE FLORIDA STREET ADDRESS) | #1001 Sarasota ,FL34236 | |
| 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 of authorized representative of a member James E. Bridges Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. Burther 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

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