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T. CLINE OCT 13 2008 EXAMINER

127 Dorrance Street Providence, RI 02903 401.454.5040

135 Pelham Street Newport, RI 02840 401.841.5041

1415 Panther Lane Naples, FL 34109 239.649.5040

20 Park Plaza Boston, MA 02116 617.723.5040

1010 GAR Highway Swansea, MA 02777 508.679.5040

October 6, 2008

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Saint George Enterprises, LLC

Dear Sir or Madam:

Enclosed please find the change of registered agent/registered office form along with the necessary filing fee regarding the above entity.

Please return all correspondence concerning this matter to me at following address:

Mark Iacono, Esq. CORREIRA & IACONO, LLP 1415 Panther Lane Naples, FL 34109

If you have any questions regarding the attached documents, or need anything further, please let us know.

Very truly yours,

CORREIRA & IACONO LLP

Mark Iacono, Esq.

MI:ljl

**Enclosures** 

#2007-5067.ChangeofReg.Agent.Azer,WadidS..ljl.10/6/08

## $\mbox{\tt ṢTATEMENT}$ 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 limit	ed liability com	pany is: Saint George Er	nterprises, LLC		
2. The mailing address of Cranst	of the limited lial	bility company is : _	75 Beec	h wood	<u>Dive</u>
3. Date of filing/registra	tion in Florida	4.	MOL O	(X) ( ) (0) (0) (1) (1)	577_
5. The name of the regist Florida Department of		he registered office add	dress as shown o	n the records	of the
	Kevan Boyle	s, P.A.			
	<del></del>	Name			
	350 Royal Pa	lm Way, Suite 405			
		Address		4	
	Palm Beach, I			P.S.	200
		City, State and Zip		L C	
6. The name and address	of the new regis	stered agent and/or offi	ce:	HAS	2008 OCT 10
	Judith lacono			(LI)	great (1921)
		Name		E 9	A !!!
	1415 Panther Lane		407. V1S	흐 ~	
	Florida street	address (P.O. Box NC	T acceptable)	ORIDA	AH 10: 45
	Naples,	FL 34109		·	
		City, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lift or the operating agreement (Signature of a member or authority).	change or change of the registered a ereby confirmed mited liability cont of the limited	es are made, the Florid agent will be identical. that the change(s) was ompany or as otherwise liability company.	a street address of Or, in the case of Nwere authorized	of the register of a Florida li l by an affirm	ed office mited ative vote
Wadid Azer (Printed or typed name of signed	e)				
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confir	Dintment as regis ns of all statutes nd accept the ob this document is n that the limited	stered agent and agree relative to the proper ligations of my position s being filed to merely d liability company has	to act in this ca and complete pe n as registered a reflect a change been notified in	pacity. I furth reformance of igent as provid in the registe writing of the	ier agree to my duties, ded for in red office is chänge.
(Signature of Registered Agent)	gacaro				

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