(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	: .
Certified Copies Certificates of S	tatus
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G. MCLEOD

JUN 1-5 2009

EXAMINER



600157053326

06/12/09--01054--001 **2600.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gemini Town Center 15, LLC	d Linkiller Commun.
Name of Limited	d 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 m	natter to the following:
Nicole Parnell	
Name of Person	
Charles Baclet and Associates, Inc.	
Firm/Company	
2875 Michelle Drive, Suite 100	
Address	
Irvine, CA 92606	
City/State and Zip Code	·
nparnell@cbaclet.com	
nparnell@cbaclet.com E-mail address: (to be used for future annual report notification)	on)
For further information concerning this matter, ple	rase call:
Nicole Parnell at (at (949) 955-9585
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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Fatialiassee, Florida 32314
Enclosed is a check for the following am	ount:
\$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. Name of the limited liability company: Gemini Town Ce	nter 15, LLC
2. (a) Principal office address of limited liability company	: 16740 Birkdale Commons Parkway
(Note: MUST BE STREET ADDRESS)	Suite 301 Huntersville, NC 28078
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
11/28/2006	M06000006539
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Dante A. Massaro
Registered Office Address:	32 Hannah Cole Drive St. Augustine, FL 32080
(b) Enter name of NEW Registered Agent and/or NEW NEW Registered Agent:	V Registered Office address: NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4 Weston ,FL33331
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member Jose Castellanos, Authorized Person Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of the configurations of the production of the pr	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmate vote? wise provided in the articles of organization.

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