M06000006820

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100208866681

06/17/11--01024--016 **60.00



J. SAULSBERRY EXAMINER

JUN 2 1 2011

COVER LETTER

TO: Registration Section Division of Corporations		
	Place of Toledo, L Limited Liability Com	
Dear Sir or Madam:	,	F
The enclosed Affidavit by Foreign Limite Managing Member(s) and fee(s) are subn		o Change Manager(s) or
Please return all correspondence concerni	ing this matter to the fo	llowing:
Chrystal Hines		
Name of Person		77/12
Carrington Place of Toledo	, LLC	2011 JUN 17 AM 9:48 SECRETARY OF STATE LLAHASSEE, FLORIDA
Firm/Company		25.5
24641 US HWY 19 N	1	7 SEE.
Address		To A
Clearwater FI 33763		9: L 0::11:00
City/State and Zip Cod	-	≫ ∞
chines@traditionsmanag		
E-mail address: (to be used for future	ement.net e annual report notifica	tion)
	-	
For further information concerning this m	atter, please call:	
Chrystal Hines at (727)	723-3000
Name of Person	Area Code and Daytin	ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am \$25 Filing Fee \$30 Filing Fee & Certificate of Status	10unt: \$55.00 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability comp Department of State is: Ca	any as it appears on the records of the Florida rrington Place of Toledo, LLC
2. This entity was formed under the laws	of: Virginia
3. This entity was authorized to transact be and its Florida document/registration num	ber is M06000006820
4. The name and address of each manage	r or managing member is as follows: Name and Address:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: Name and Address: ASSEE, FL
<u>MGR</u>	Ben Atkins 24641 USHWY19 N ClearwaterFL33763
MGRM	West Coast Commonwealth PartnersLLC 24641 USHWY19 N ClearwaterFL33763
MGRM	Marya Morrison 24641 USHWY19 N ClearwaterFL33763
MGRM	Joseph Adam Garff 24641 USHWY19 N ClearwaterFL33763
MGRM	Eugene Rensch 24641 USHWY19 N ClearwaterFL33763
MGRM	David Tucker 24641 USHWY19 N ClearwaterFL33763
Required Signature:	r Managing Member or Member

Filing Fee: \$25