# M10000005671

(Re	questor's Name)					
(Add	dress)					
(Add	dress)					
(City/State/Zip/Phone #)						
	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
,						
	,					





000243439310

01/11/13--01021--004 \*\*275.00

2013 JAN 11 AM IO: 5
SECRETARY OF STATE
AND THE SECRETARY OF STATE

#### COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOODRIDGE TAMPA, L.L.C.

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 this matter to the following:

#### TIMOTHY J. BRADLEY

Name of Person

#### **BRADLEY & MOREAU**

Firm/Company

## 1318 CAMELLIA BOULEVARD

Address

## LAFAYETTE, LA 70508

City/State and Zip Code

## tim@realtitle.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Timothy J. Bradley

\_\_337

235-4660

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.

i.,

1.	Naı	me of the limited liability company: WOODRIDGE TAMPA, L	L.C.			
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE		Principal office address of limited liability company	8609 POSTWOOD CIRCLE	₹\co	28	
		(Note: MUST BE STREET ADDRESS)	TAMPA, FL 33614		فق	
(b) Mailing address of limited liability co			<u> </u>	<u>\}</u>	H	
	Mailing address of limited lightlity commons	3851 JOHNSTON ST. PMB 550	3		=	
	(Note: MAY RE POST OFFICE ROX)	LAFAYETTE, LA 70503	333		ŢΠ	
		(More: MAI BETOST OFFICE BOX)			<b>*</b>	
					<del>ත</del>	
12/	21/201	10	M10000005671	<u> </u>	<u></u>	
3.	Dat	te of filing/registration in Florida	4. Document number	A	တ	
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept.	of State:		
		Registered Agent:	PAUL BEAULLIEU			
Designand Office Adduses	Pagistared Office Address:	8609 POSTWOOD CIRCLE				
		Registered Office Address:	TAMPA, FL 33614			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent	V Registered Office address:  ROBERT GRIFFITHS			
		NEW Registered Agent:	ROBERT GRIFFITHS			
NEW Registered Office Address:	NEW Registered Office Address:	5217 81ST ST. N, #10				
(MUST BE FLORIDA STREET ADDRESS)		(MUSI BE FLORIDA STREET ADDRESS)	ST. PETERSBURG	,FL <u>33709</u>		
co an lia the	nfind the bilite me	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.  The black of a member or authorized representative of a member	orida street address of the registed. Or, in the case of a Florid	stered off a limited		f
PIC	CHARL	) PAUL BEAULLIEU				
		or typed name of signee	-			
I co an Cl ad	here mply d I d lapte dres	by accept the appointment as registered agent and agent with the provisions of all statules relative to the prount familiar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to mer as, I hereby confirm that the limited liability company is the first of Registered Agent	gree to act in this capacity. If per and complete performance ition as registered agent as prely reflect a change in the reg has been notified in writing o	urther age e of my d ovided fo istered of f this cha	ree to uties, or in fice nge.	

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