## M1100003958

(Re	equestor's Name)					
(Ad	dress)					
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PICK-UP	☐ WAIT	MAIL .				
(Business Entity Name)						
(Document Number)						
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## : COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRANE CREEK MELBOURNE, 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 Telenhone 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.

1.	Nai	me of the limited liability company: CRANE CREEK MELBO	URNE, L.L.C.		···	-		
2	(0)	Driveing office address of limited lightlity assurance	BEAR BOSTWOOD CIBCLE					
2. (a)	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	TAMPA, FL 33614	= 02		-		
		(NORE: MUST BE STREET ADDRESS)	TAMPA, FL 33014		ದ	-		
					=	-		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8609 POSTWOOD CIRCLE	===	2	1			
		TAMPA, FL 33614	(/)		-			
		(Note: MAT BETOST OFFICE BOX)	TABLE ALL COOLS	1.1.2 C		[1]		
					=			
_	05/201	_	M11000003958		<u> </u>	-		
3.	Dat	e of filing/registration in Florida	I. Document number		90			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Agent:	IVONNE ROSADO					
		Registered Office Address:	8609 POSTWOOD CIRCLE					
		Registered Office Address.	TAMPA, FL 33614					
						•		
		NEW Registered Agent:	ROBERT GRIFFITHS					
NEW Registered Office Address:			5217 81ST ST. N. #10					
		(MUST BE FLORIDA STREET ADDRESS)				-		
		(MCSI DETECRIDATE TREET TIDDRESS)	ST. PETERSBURG F	L 33709		-		
						-		
an lia the	nfiri d the bilit e me e ope	imited liability company is not organized under the lamed that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the registe cal. Or, in the case of a Florida I was/were authorized by an affirm	red offi imited	ote o	f		
_		PAUL BEAULLIEU						
		or typed name of signee						
Co an Ch aa	here mply d I d japte dres	by accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro im familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer s, I hereby confirm that the lighted lightlify company	ree to act in this capacity. I furl per and complete performance o ition as registered agent as prov ely reflect a change in the regist has been notified in writing of th	ther ago f my du vided fo ered of his char	ree to ities, r in fice nge.			

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

Signature of Registered Agent