## M98000000396

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Naı	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status <u>· · · </u>
Special Instructions to Filing Officer:		





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10/13/09--01027--016 \*\*55.00

SECRETARY OF STATE OF STATE CORPORATIONS

T. HAMPTON

OCT 2 6 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations			
SUBJECT: Winadu Operating Co., LLC			
(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:			
Jeffrey Bershad			
(Name of Person)			
C			
CampGroup (Firm/Company)			
3 New King Street (Address)			
, ,			
White Plains, NY 10604 (City/State and Zip Code)			
(Cny/State and Zip Code)			
For further information concerning this matter, plea	ase call:		
	914 ) 997-2177		
(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	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy		

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 OCT 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 14, 2009

JEFFREY BERSHAD CAMPGROUP 3 NEW KING ST WHITE PLAINS, NY 10604

SUBJECT: WINADU OPERATING CO., LLC

Ref. Number: M98000000396

We have received your document for WINADU OPERATING CO., LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00032958

## 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. Name of the limited liability company: Winadu C	)perating Co., LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	,
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3 New King Street White Plains, NY 10604
4/23/1998	M9800000396
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE
Registered Office Address:	SUITE 4 WESTON, FL 33331 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized iability company or as otherwise provided in the articles winited liability company.  Signature of a member of anthorized representative of a member)  Printed or typed name of signee)  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the improving the policy of the obligations of my positions. Or, if this document impering filed to merely reflect confirm that the limited liability company has been notification services company.	reet address of the registered office and the business e case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited is of organization or the operating agreement of the diagree to act in this capacity. I further agree to proper and complete performance of my duties, and I for as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby the different contents of this change.
Signature of Registered Agenty LINDA J. SNOOK	

FILING FEE: \$25.00

INHS18 (05/08)

09 OCT 23 PM 3: 31