P05000107428

(Req	juestor's Name)			
(Add	ress)	<u> </u>		
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(City/State/Zip/Phone #)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2010

ANGELA SCHRAGER VILLA G:REALTY, INC. 1957 NW 130TH AVE PEMBROKE PINES, FL 33028

SUBJECT: VILLA G REALTY, INC. Ref. Number: P05000107428

We have received your document for VILLA G REALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation name should not be in blocks #5 & 6. The officer must sign in the space provided below on the form.

The registered agent must sign accepting the designation.

Please return 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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00014496



COVER LETTER

Amendment Section Division of Corporations

· TO:

SUBJECT:	VILLA G REA	LTY, INC.	
DOCUMENT NU	MBER: P05	000107428	
	ment of Change of Registered Offic		mitted for filing.
Please return all co	rrespondence concerning this matte	r to the following:	
· . : <u>1</u>	ANGELA S Name of Co	SCHRAGER ontact Person	
1		EALTY, INC.	
	Add	OTH AVENUE	
the same of the	SHOW STORES	क्षा करता है। जिल्लामा क्षा करता करता है। इस क्षेत्रक क्षा करता करता करता करता करता करता करता करत	Sec. 1
医克勒氏病 医原	PEMBROKE P	NES, FL 33028 ind Zip Code	
-	angela@villa E-mail address: (to be used for	ngrealty.com future annual report no	otification)
For further inform	ation concerning this matter, please	call:	
- AN	GELA SCHRAGER	at (954)	816-7996 ytime Telephone Number
Na	me of Contact Person	Area Code & Da	ytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Depa	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Buil	Section Corporations

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of	
	er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: VILLA G REALTY, INC.	_
2. The principal	office address: 1957 NW 130TH AVENUE	_
	PEMBROKE PINES, FL 33028	_
3. The mailing a	address (if different): SAME	_
4. Date of incorp	poration/qualification: 08/02/2005 Document number: P05000107428	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	DAVID D. SCHRAGER	
	1806 N. FLAMINGO ROAD, SUITE 300	
	PEMBROKE PINES, FL 333028	
6. The name and (if changed):	PEMBROKE PINES, FL 333028 d street address of the new registered agent (if changed) and /or registered office)
•.•	DAVID D. SCHRAGER	
	1957 NW 130TH AVENUE	
	P.O. Box NOT acceptable	
	PEMBROKE PINES, FL 333028	
	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signati	David D. Schrager, Managing Broker Printed or typed name and title	
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this airing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	
	David D.Schrager, Registered Agent	
Si	gnature of Registered Agent - Date	
If signing on b	ehalf of an entity:	و المراثق المراثق
	Typed or Printed Name	ي د .
	Typed or Printed Name * * * FILING FEE: \$35.00 * * * MANY OF CHARGE OF PAYABLE TO FLORIDA DEPARTMENT OF STATE	•
M	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	Kellitari

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