L0800009114

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status

Special Instructions to Filing Officer:

L. SELLERS

FEB - 3 2009

EXAMINER

Office Use Only



500139458995

01/08/09--01007--011 **25.00

99 FEB -2 AH 8: 07

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Elysium Properties, LLC (Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Scott Lidberg		
(Name of Person)		
Perfect Réach, Inc.		
(Firm/Company)		
2658 Patton Road		
(Address)		
Describe MAL EE442		
Roseville, MN 55113 (City/State and Zip Code)	<u> </u>	
For further information concerning this matter,	, please call:	
Scott Lidberg	at (651) 260-9691	
(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	



January 9, 2009

SCOTT LINDBERG PERFECT REACH, INC. 2658 PATTON ROAD ROSEVILLE, MN 55113

SUBJECT: ELYSIUM PROPERTIES, LLC

Ref. Number: L08000009174

We have received your document for ELYSIUM PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No changes have been made to the registered agent on the attached form.

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) 245-6967.

Letter Number: 909A00000855

Leslie Sellers Regulatory Specialist II



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. Name of the limited liability company: Elysium Properties, LLC			
2. (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	Solution State Solution Solut		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5060 Teak Wood Drive Naples, FL 34119		
January 25, 2008 3. Date of filing/registration in Florida	L08000009174 1. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	Scott Lidberg		
Registered Office Address:	5060 Teak Wood Drive Naples, FL 34119		
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:		
<u>NEW</u> Registered Agent:	Scott Lidberg		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5000 Teak Word Drive		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)			
Scott Lidberg (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
FILING FEE:	\$25.00		

#

INHS18 (05/08)