## L14000196917

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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SECRETARY OF STATE ON SECRETARY OF CORPORATION OF CORPORATION 11

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
·				
Rosser Reserve, LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
Sue L. Prosser				
Name of Person				
Firm/Company				
P.O. Box 132				
Address				
Oakland, FL 34760-0132				
City/State and Zip Code				
slpllc@earthlink.net				
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Sue L. Prosser	at () 656-8296			
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 2661 Executive Center Circle	P.O. Box 6327			
Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 20, 2015

SUE L. PROSSER P.O. BOX 132 OAKLAND, FL 34760-0132

SUBJECT: ROSSER RESERVE, LLC

Ref. Number: L14000196917

We have received your document for ROSSER RESERVE, 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):

A post office box is not an acceptable address for the registered agent.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 515A00005681

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability company: Rosser Rese	rve, LLC	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  15 West Speer Avenue	(b)	iling address of limited liability company:  Note: MAY BE POST OFFICE BOX)  132
	Oakland, FL 34760-0132	Oakland, F	FL 34760-0132
	12/30/2014	L14000196	917
3.	Date of filing/registration in Florida	4. D	ocument number
	Registered Agent and Registered Office shown on the records of Charisse Elliott  Registered Office Address (MUST BE FLORIDA STREET)  121 South Orange Avenue, Suite 1500		
	Orlando , F	32801	DINIO 38
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Sue L. Prosser		SECRETARY OF CORPORATION 19
	NEW Registered Office Address:	Veni/e	19
	··· · · · · · · · · · · · · · · · · ·	34760 - 0132	
the chagent was/v	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered office a iability company, it is h of the limited liability of	and the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in
<u> </u>	Bu L. Prosser	Sue L. Prosser	
I her provi- the of to me notifi	ature of a member or authorized representative of a member eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and completed igations of my position as registered agent as providing the reflect a change in the registered office address, led in writing of this change.	ree to act in this canac	rinted or typed name of signee ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been

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