

LD9 000103896

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1000 MAGNOLIA LLC.
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLIFFORD ROGERS

(Name of Person)

THE FAINE GROUP

(Firm/Company)

933 SEVILLE PLACE

(Address)

ORLANDO FL 32804

(City/State and Zip Code)

CROGERS@THEFAINEGROUP.COM

For further information concerning this matter, please call:

CLIFFORD ROGERS

(Name of Person)

at (407) 493-6422

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Name of the limited liability company: 1000 MAGNOLIA LLC

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

933 SEVILLE PL
ORLANDO FL 32804

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1000 N MAGNOLIA SUITE A
ORLANDO FL 32803

10/27/09
3. Date of filing/registration in Florida

609000103896
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MARK SCHEINBLUM

Registered Office Address:

215 N EOLA DR
ORLANDO FL 32801

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

CLIFFORD ROGERS

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1000 N MAGNOLIA SUITE A
ORLANDO FL 32803

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]
Signature of a member or authorized representative of a member

MGR
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 liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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