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EXAMINER

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 10-09-2012**

**NAME: HARBOR RETIREMENT ASSOCIATES LLC**

**TYPE OF FILING: ARTICLES OF AMENDMENT**

**COST: \$25**

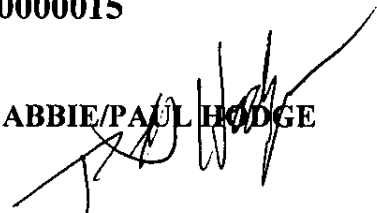
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HARBOR RETIREMENT ASSOCIATES, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

THOMAS MITCHELL  
Name of Person

HARBOR RETIREMENT ASSOCIATES, LLC.  
Firm/Company

1440 HIGHWAY A1A  
Address

VERO BEACH, FL 32963  
City/State and Zip Code

tmitchell@hroonline.net  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

THOMAS MITCHELL at (772) 492-5002  
Name of Person 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**HARBOR RETIREMENT ASSOCIATES, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/16/2002 and assigned  
Florida document number LD2000001464

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.

New Registered Office Address:

155 Office Plaza Drive

*Enter Florida street address*

Tallahassee

Florida

32301

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

Colleen M. Mahon, Asst. Sec.  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
PRESIDENT	TIMOTHY S. SMICK	1440 HIGHWAY A1A VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VICE PRESIDENT	SARABETH HANSON	1440 HIGHWAY A1A VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SECRETARY/VICE PRESIDENT	CHARLES JENNINGS	1440 HIGHWAY A1A VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TREASURER	THOMAS MITCHELL	1440 HIGHWAY A1A VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
ASSISTANT SECRETARY	DONNA DORSEY	1440 HIGHWAY A1A VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9/21/12

Thomas Mitchell TREASURER  
Signature of a member or authorized representative of a member  
Thomas Mitchell  
Typed or printed name of signee

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