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## **COVER LETTER**

TO: Registration Section Division of Corporations			
TRUST NO. 165RR, T	RUST NO. :	246RR, and TRUST NO. 22	17 WPW
SUBJECT: (Name of Alien Busin	ess Organizatio	on or Financial Institution)	
Dear Sir or Madam:			
The enclosed Designation of Registered Financial Institution and fee(s) are subm	_		Organization or
Please return all correspondence concern	ning this matter	r to the following:	
MARK WARDA			
(Name of Person)		<del></del>	
LAND TRUST SERVICE CORP			
(Firm/Company)	<del>-</del>		
PO BOX 186			
(Address)		<del></del>	
LAKE WALES, FL 33859			
(City/State and Zip Code)		27	
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
For further information concerning this	matter, please o	call:	
MARK WARDA	863	678-0011	·
(Name of Person)	at ( (Area Co	de & Daytime Telephone Number	·)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	
Enclosed is a check for the following a	amount:		
■ \$35.00 Filing Fee		☐ \$43.75 Filing Fee & Certific	ed Copy

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION

PURSUANT TO SECTION 607.0505 OR 655.0201, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

	(Name of alien business organization or fina	
FLORIDA	3	N/A
(State or country	under which entity is organized)	(FEI Number, if applicable)
•	ENUE, LAKE WALES, FL 33853	
	(Principal office address)	
Name and Florida S	treet addre <u>ss of regis</u> tered agent.  Terrence Donaghue International Ente d/b/a Preserve Property Management	rprises, Inc.
	213 Cardinal Ct./ Lake Wilson Pr	eserve
	Champions Gate, FL 33896	
The street address o		he business office of the registered age
The street address of are identical.	f the registered office and the street address of the registered of the street address of the registered of the street address of the registered of the registered of the street address of the registered of the	
are identical.	f the registered office and the street address of the registered office and the street address of the registered office and the street address of the registered of the regist	or officer) of Trust 165RR
Mark Warda, Pr	f the registered office and the street address of the registered office and the street address of the registered of the street address of the registered of	or officer) of Trust 165RR
Mark Warda, Pr Signature of register	f the registered office and the street address of the registered office and the street address of the registered of the frustee (Name and capidal diperson signing in neared agent:  ppointment as registered agent. I am familia	or officer) of Trust 165RR imber 7 above)
Mark Warda, Pr Signature of register thereby accept the accept the accept to the accep	f the registered office and the street address of the registered office and the street address of the registered of the frustee (Name and capidal diperson signing in neared agent:  ppointment as registered agent. I am familia	or officer) of Trust 165RR imber 7 above)

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

## **FILING FEE \$35**

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314