

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000238329 3)))



H180002383293ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SAXON GILMORE MON-TRUST FUNDS

Account Number : I20180000023 Phone : (813:314-4551

Fax Number : (813)314-4555

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FLCORP@saxongilmore.com

REGISTERED AGENT CHANGE THE VILLAGES AT TARPON, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

VORSTATE STATE
WHEN STORY

8

2018 AUG 15 PM 12: 24

8

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: THE VILLAGE	GES AT TARPON, LTD. or Limited Liability Limited Partnership				
DOCUMENT NUMBER:	A15000000591				
The enclosed Statement of Change of Regist fee(s) are submitted for filing.					
Please return all correspondence concerning	g this matter to:				
Bernice S. Saxon, Esq.					
Contact Person					
Saxon Gilmore & Carraway, F	P.A				
Firm/Company	_ "				
201 E. Kennedy Blvd., Suite	600				
Address					
Tampa, FL 33602					
City, State and Zip Code					
FLCORP@saxongilmore.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this mat	tter, please call:				
Melody Martinez	at (813) 314-4545 Area Code and Daytime Telephone Number				
Name of Contact Person	Area Code and Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Florida Department of State.					
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations P. O. Box 6327				
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301					

((H18000238329 3)))

INHS04 (01/06)



LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Stantes, the undersigned limited partnership or limited limited limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

i. THE	VILLAGES A	TIARPU	IN, LID.	wide we want to the second of
Name of Limite	d Partnership or Lim	REGULERADINA E		2504
2. September 22.		3	A1500000	
Date of filinghegistration	in Florida		Florida document	υπωρέι
4. The name of the registered ages Department of State:	nt and the registered	office address	ন্দ্ৰ থাকেলা কৰা the recu	ards of the Florida
	Corporation Con	anemy of Mi	emi	
	Name Name			
200.5	3. Biscayne Blvt	s Suite 410)0 (GJC)	LED MIN 08
,—- 	Add		<u> </u>	得第一日
	M iland, Fl	33131		1
<u></u>	Čity, State			200
5. The name and Florida street ad	dress of the new reg	istared agent æ	idfor office:	₩ Ø
17. It the lawling mile at a section of	Bernice S. S			
	Na:			
2	01 E. Kennedy	Blvd Sufte	600	
	rida street address (P			
	Tampa	F	33602	•
	Cliy, Stat		<u></u>	
Signature of Green Partner Ro	thin Solela Redd, Sci ar registered agant a matutes relative to the	e rionae nat io creary/Tiessum und agree to ac he proper and i	a in this capacity. I, complete performan	sole member and manager further egree to see of my duties,
and I am familiar with an accept	the abligations of m	у ромния их re -	guseren egene.	
Signature of Registered Agent	<u>.</u> —	·		·
	,		(((H180002	38329 3)))
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50			