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**AUG 15**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**L. SELLERS**

**AUG 18 2010**

**EXAMINER**

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**10 AUG 12 PM 2:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** St. Lucie Mobile Village, Ltp Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A 16575

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TERESA SCHENK  
Contact Person

St. Lucie Mobile Village  
Firm/Company

8255 CASCADE, SUITE 120  
Address

Commerce Twp. MI 48382  
City, State and Zip Code

TERESA SCHENK@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA SCHENK at ( 248 ) 363-6111  
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:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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 Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. St. Lucie Mobile Village, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/9/84  
Date of filing/registration in Florida

3. A 16575  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Rosa Trujillo  
Name

11500 SW KANNER Hwy  
Address

Indiantown, FL 33456  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

TERESA SCHENK  
Name

11500 SW KANNER Hwy  
Florida street address (P.O. Box not acceptable)

Indiantown FL 33456  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*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.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

**FILED**  
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