

K49273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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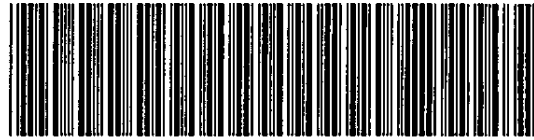
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Roberts DEC 15 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEPINE HOTEL & RESORTS MANAGEMENT, INC
(Name of Corporation)

DOCUMENT NUMBER: K49273

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

Please return all correspondence concerning this matter to the following:

MAURICE LEPINE
(Name of Contact Person)

LEPINE MANAGEMENT, INC.
(Firm/Company)

2953 W. CYPRESS CREEK RD STE 101
(Address)

FORT LAUDERDALE FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

MAURICE LEPINE at (352) 249-1090
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2006

MAURICE LEPINE
LEPINE MANAGEMENT, INC.
2953 W. CYPRESS CREEK RD STE 101
FT LAUDERDALE, FL 33309

SUBJECT: LEPINE HOTEL & RESORTS MANAGEMENT, INC.
Ref. Number: K49273

We have received your document for LEPINE HOTEL & RESORTS MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please complete blocks #1, 2, 3. ✓

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 406A00070096

RECEIVED
DEC 15 AM 10:00
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEPINE MANAGEMENT, Inc.
2. The principal office address: 2953 W. CYPRESS CREEK RD
STE 101 FORT LAUDERDALE FL 33309
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/6/88 Document number: K49273

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOHN PASSARIELLO
6466 NW 5 WAY
FORT LAUDERDALE, FL 33309

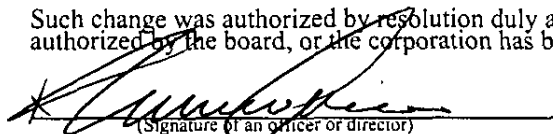
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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN PASSARIELLO
2953 W. CYPRESS CREEK RD STE 101
(P.O. Box NOT acceptable)
FORT LAUDERDALE, FL 33309

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

MAURICE LEPINE
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

11-28-06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***