

L00000001129

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE  
Account Number : I20080000054  
Phone : (949) 955-9585  
Fax Number : (800) 562-6504

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
CITRUS HIGHLANDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

11 AUG 24 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 25 2011

EXAMINER

08/24/2011 12:42 PM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CITRUS HIGHLANDS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Nicole Parnell

Name of Person

NRAI Corporate Services, Inc.

Firm/Company

2875 Michelle Dr., Suite 100

Address

Irvine, CA 92606

City/State and Zip Code

nparnell@nrai.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Parnell

Name of Person

at ( 800 ) 562-6439

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
11 AUG 24 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CITRUS HIGHLANDS, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

18225 CITRUS PARKWAY  
CLERMONT, FL 34714

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

10866 WILSHIRE BLVD., 11TH FLOOR  
LOS ANGELES, CA 90024

01/01/2000

L00000001129

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

AARON J. GOROVITZ

Registered Office Address:

215 N. EOLA DR.  
ORLANDO, FL 32801

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

NRAI Services, Inc.

**NEW Registered Office Address:**

515 East Park Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Bruce Goren, Managing Member

Printed or typed name of signee

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.

by:

Signature of Registered Agent

Jose Castellanos, Asst. Secretary

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**