

L000000004307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
08 DEC 29 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. C. C. C.

DEC 30 2008



December 23, 2008

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

RE: Address Change for Palm Coast Title Company, LLC

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Agent/Office for Palm Coast Title Company, LLC, together with the required filing fee of \$25.00. Please contact me with any questions.

Sincerely,

PALM COAST TITLE COMPANY, LLC

BY:

  
Heather A. Scott, Esq.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALM COAST TITLE COMPANY, 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:

Heather Scott

\_\_\_\_\_  
(Name of Person)

Rosenthal Rosenthal Rasco, LLC

\_\_\_\_\_  
(Firm/Company)

2875 NE 191st Street, Suite 500

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

Aventura, FL 33180

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Scott

305

937-0300

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(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

**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: PALM COAST TITLE COMPANY, LLC

2. (a) Principal office address of limited liability company: 20900 NE 30 Avenue, Suite 600  
Aventura, FL 33180  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 20900 NE 30 Avenue, Suite 600  
Aventura, FL 33180  
**(Note: MAY BE POST OFFICE BOX)**

12/04/2000

3. Date of filing/registration in Florida

L00000004307

4. Document number

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

Registered Agent:

Eduardo I. Rasco

Registered Office Address:

2875 NE 191st Street, Suite 500  
Aventura, FL 33180

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

NEW Registered Agent:

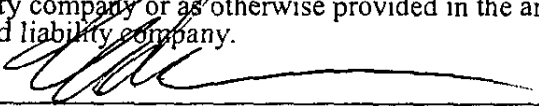
NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

20900 NE 30 Avenue, Suite 600

Aventura, FL 33180

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)

Eduardo I. Rasco  
(Printed or typed name of signer)

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.

  
(Signature of Registered Agent)

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

FILING FEE: \$25.00