

L000 0000 5714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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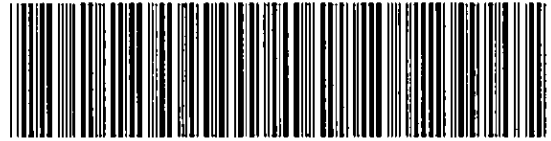
(Business Entity Name)

(Document Number)

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2013 MAY 10 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

ELC 1-6-2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRIVATE PROPERTIES 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:

Lawrence A. Silvestri

\_\_\_\_\_  
Name of Person

Silvestri Law, P. A.

\_\_\_\_\_  
Firm/Company

111 2nd Ave. NE, Suite 908

\_\_\_\_\_  
Address

St. Petersburg, FL 33701

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

Larry@SilvestriLawPA.com

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

For further information concerning this matter, please call:

Lawrence A. Silvestri

\_\_\_\_\_  
Name of Person

at ( 727 ) 456- 0017

\_\_\_\_\_  
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 605.0114 or 605.0116, 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: PRIVATE PROPERTIES LLC
2. (a) C/O CANOE BAY  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
W16065 HOGBACK RD.  
CHETEK, WI 54728
- (b) C/O CANOE BAY  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
P.O. BOX 28  
CHETEK, WI 54728
3. 05/18/2000  
Date of filing/registration in Florida
4. L00000005714  
Document number

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

200 s biscayne blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

suite 2600

miami, FL 33131

- (b) Lawrence A. Silvestri

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

111 2nd Ave. NE, Suite 908

NEW Registered Office Address:

St. Petersburg, FL 33701

2005 JUN 14 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Lawrence A. Silvestri  
Signature of a member or authorized representative of a member

Lawrence A. Silvestri  
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 605, 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.

Lawrence A. Silvestri  
Signature of Registered Agent