

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

JUN 22 2011

**EXAMINER** 



400208397894

06/06/11--01047--022 \*\*35.00

TO JUN 21 PM 1:17



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2011

RAYMOND A PLOUCHER 1300 N WESTSHORE BLVD STE 250 TAMPA, FL 33607

SUBJECT: WEST GLEN INVESTMENTS, LLC

Ref. Number: L01000007824

We have received your document for WEST GLEN INVESTMENTS, LLC 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 are enclosing the proper form(s) with instructions for your convenience.

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) 245-6851.

Gina McLeod Regulatory Specialist II

Letter Number: 411A00013866

Example One and selection of the property of the contract was also and the contract of the con

## **COVER LETTER**

Division of Corporations
SUBJECT: WEST GLEN INVESTMENTS 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:
Raymond A. Ploucher  Name of Person
C/O REACT Firm/Company
1300 N. Westshore Blvd., Ste. 250 Address
Tampa, FL 33607  City/State and Zip Code
rayploucher@reactampa.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Raymond A. Ploucher at (813 ) 637-8888  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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: $N/A$ - You have recd. \$35 ck.
\$25 Filing Fee   \$55 Filing Fee & Certified Copy     NA > * Since there is a \$10 overpmt.   INHS18 (5/08) Pls. send refund payable to West Glen Investments UC     West Glen Investments UC     REAL ESTATE ADVISORY CORP TAMPA     1300 N. West Shore Blvd Ste. 250     Tampa, Florida 33607

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## 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 compa	any: <u>WEST GLE</u>	EN INVESTMENTS LLC	
2. (a) Principal office address of limit	ted liability compan	ny: C/O REACT	<del></del>
(Note: MUST BE STREET A	ADDRESS)	1300 N. Westshore Blvd.(#2 Tampa, FL 33607	
(b) Mailing address of limited liab	ility company:	P.O. Box 320363	
(Note: MAY BE POST OFFICE BOX)		Tampa, FL 33679-2363	
5/17/2001  3. Date of filing/registration in Florida	a	L01000007824 4. Document number	<del></del>
5. (a) Registered Agent and Register	ed Office shown on	n the records of the Florida Dept. of State:	
Registered Agent:	CORPORATE C	CREATIONS NETWORK INC.	
Registered Office Address:		PERITY FARMS RD., #221E GARDENS, FL 33410 US	<del></del>
(b) Enter name of <u>NEW Registere</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Addre	REAI	EW Registered Office address:  L ESTATE ADVISORY CORP T  Westshore Blvd., Ste. 250  Tampa, FL 33607	
If the limited liability company is not confirmed that after the change or change and the business office of the registere liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limit or the operating agreement of the limit of the limit of the member of authorized representative signature of a member or authorized representative of the limit of typed name of signee.  I hereby accept the appointment as recomply with the provisions of all statuand I am familiar with and accept the chapter 608, F.S. Or, if this document address, I hereby confirm that the limit of the	organized under the riges are made, the find agent will be idented that the change(see company or as othered liability companter of a member of a member of the problem of	e laws of the State of Florida, it is hereby Florida street address of the registered offic ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative volerwise provided in the articles of organizationy.  I agree to act in this capacity. I further agree to open and complete performance of my dution as registered agent as provided for the registered officing has been notified in writing of this change.	e otte on

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00