

L01000008778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

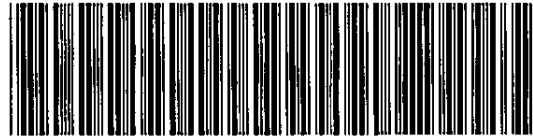
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ROY W. COHEN GAVE  
AUTHORIZATION BY PHONE TO  
FORGET \_\_\_\_\_  
DATE 2-27-13  
DOC. EXAM \_\_\_\_\_

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB 27 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Harrison Ranch, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Roy W. Cohn**

Name of Person

**HC Properties II, LLC**

Firm/Company

**35100 State Road 64 East**

Address

**Myakka City, Florida 34251**

City/State and Zip Code

**ahouston@falknergroupp.com**

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

For further information concerning this matter, please call:

**Roy W. Cohn**

Name of Person

at **(813) 244-3930**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**Roy W. Cohn  
Attorney at Law  
2406 Watrous Avenue  
Tampa Florida 33629**

**e-mail: [rcohn53@msn.com](mailto:rcohn53@msn.com)  
telephone : 813-244-3930  
fax: 813-254-2361**

February 13, 2014

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

Re: Harrison Ranch, LLC

Dear Registration Section,

On September 14, 2007 Harrison Ranch, LLC was administratively dissolved for failure to file annual reports. We would like to reinstate the limited liability company and change the name to HC Properties II, LLC. Enclosed are:

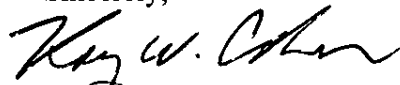
Limited Liability Company Reinstatement

Articles of Amendment

Check Payable to Department of State in the amount of \$1,235.

Please contact me if you have any questions or require anything further. Thank you.

Sincerely,

  
Roy W. Cohn



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2014

ROY COHN  
2406 WATROUS AVE  
TAMPA, FL 33629

SUBJECT: HC PROPERTIES, LLC  
Ref. Number: L01000008778

We have received your document for HC PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 814A00004228

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Harrison Ranch, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/01/2001 and assigned Florida document number L01000008778.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HC Properties II, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Roy W. Cohn

New Registered Office Address: 35100 State Road 64 East  
Enter Florida street address

Myakka City, Florida 34251  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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|              |             |                | <input type="checkbox"/> Remove |
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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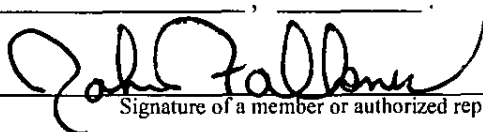
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/13/2014



Signature of a member or authorized representative of a member

John Falkner

Typed or printed name of signee

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