

LO1000013779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

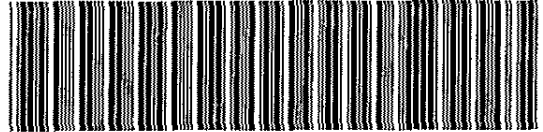
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Availability	
Document	
Examiner	DCC
Updater	DCC
Updater	DCC
Verifier	DCC
Acknowledgment	DCC
W. P. Verifier	DCC

Office Use Only



500054895185

07/01/05--01003--012 **25.00

~~07/01/05 01003 012 **25.00~~

FILED

2005 JUN 29 P 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

need money



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 3, 2005

NORTH TAYLOR ROAD ASSOCIATES, LLC
1180 GULF BLVD., STE 1603
CLEARWATER, FL 33767

SUBJECT: NORTH TAYLOR ROAD ASSOCIATES, LLC
Ref. Number: L01000013779

We have received your document for NORTH TAYLOR ROAD ASSOCIATES, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Please return 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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 305A00039537

**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. The name of the limited liability company is: NORTH TAYLOR ROAD ASSOCIATES, LLC
2. The mailing address of the limited liability company is : 1180 Gulf Boulevard Suite 1603
Clearwater, FL 33767

8/14/2001

L01000013779

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Phillip M. Dillon

Name

1180 Gulf Boulevard Suite 1603

Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33767

City, State and Zip

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)

Phillip M. Dillon

(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.


(Signature of Registered Agent)

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

FILED
2005 JUN 29 P 2:28
SECRETARY OF STATE
TALLAHASSEE, FL 32314