

LA2000005061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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**T. CLINE**

FEB - 3 2010

**EXAMINER**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 FEB - 2 PM 3: 05

671161



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2010

LINDA MARNFRE  
MAGELLAN GROUP INVESTMENTS, LLC  
11 S. SWINTON AVENUE  
DELRAY BEACH, FL 33444

SUBJECT: LAKESIDE DRIVE LLC  
Ref. Number: L02000005061

We have received your document for LAKESIDE DRIVE 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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 910A00001263

2010 FEB -2 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lakeside Drive 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:

Linda Manfre

Name of Person

Firm/Company

11 S. Swinton Ave.

Address

Delray Beach, FL 33444

City/State and Zip Code

linda.manfre@magellangroup.net

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

For further information concerning this matter, please call:

Linda Manfre

Name of Person

at ( 561 )

266-0845

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

2010 FEB -2 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Lakeside Drive LLC

2. (a) Principal office address of limited liability company: 11 S. Swinton Ave

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(Note: **MUST BE STREET ADDRESS**)

Delray Beach, FL 33444

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(b) Mailing address of limited liability company:

11 S. Swinton Ave

(Note: **MAY BE POST OFFICE BOX**)

Delray Beach, FL 33444

2/25/02

3. Date of filing/registration in Florida

L02000005061

4. Document number

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

Registered Agent:

Derek Montgomery

Registered Office Address:

11 S. Swinton Ave.  
Delray Beach, FL 33444

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

**NEW Registered Agent:**

Linda Manfre

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

11 S. Swinton Ave  
Delray Beach  
,FL 33444

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

Robert G. Fessler

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.*

Linda Manfre  
Signature of Registered Agent

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

FILING FEE: \$25.00