

(Requestor's Name)		
(Address)		
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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G. MCLEOD

SEP - 7 2012

EXAMINER



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09/04/12--01023--012 **25.00

12 SEP -4 MIL: 47

COVER LETTER

Division of Corporations FORESTERIA F	PARK APARTMENTS LLC	
SUBJECT:		
Name of Limit	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
DORRA, ARIEL		
Name of Person		
DORRA & DUGGAN		
Firm/Company		
2475 MERCER AVE, STE 103		
Address		
WEST PALM BEACH, FL 33401		
City/State and Zip Code		
JCGROUPUSA@YAHOO.COM		
E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, p	please call:	
DORRA, ARIEL	(561) 655-7570	
Name of Person	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 an	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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 property was part of Florida.

agen, or som, or	DORRA AND DUGGAN
Name of the limited liability company:	DONINAND DOGGAN
2. (a) Principal office address of limited liability company	2475 MERCER AVE, STE 103
(Note: MUST BE STREET ADDRESS)	WEST PALM BEACH, FL 33401
(TOB) MEST BE GIREDI NOBRESS	
(b) Mailing address of limited liability company:	P.O. <u>BOX 530078</u>
	LAKE PARK, FL 33403
(Note: MAY BE POST OFFICE BOX)	
5/16/02	L0200001185
	Designation of the last of the
3. Date of filing/registration in Florida	1. Document number
5 (a) Degistered Agent and Degistered Office shows on t	ha records of the Florida Dont of Paris
5. (a) Registered Agent and Registered Office shown on the	DON HICLES Houng Debr. Office:
Registered Agent:	HILLEY WYANT CORTEZ PA
Registered Office Address:	860 US HWY ONE, STE 108
regimered office radicess.	NORTH PALM BEACH, FL 33408
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address: DORRA, ARIEL
NEW Registered Agent:	
NEW Registered Office Address:	DORRA AND DUGGAN
(MUST BE FLORIDA STREET ADDRESS)	-2475 MERCER AVE, STE 103
	FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the registered office
Signature of a member or authorized representative of a member	•
L CARRINO MANIACER	
J. CARRINO, MANAGER Printed or typed name of signee	-
I hereby accept the appointment as registered agent and ageomply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

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

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