# L020000/1983

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Office Use Only



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SECRETARY OF STATE

SECRETARY OF STATE





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2007

ANTONE R. DAMIANAKIS 2348 SUNSET POINT ROAD PEACOCK & GAFFNEY CLEARWATER, FL 33765

SUBJECT: LAKEFRONT, L.L.C. Ref. Number: L02000011983

We have received your document for LAKEFRONT, L.L.C. 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 Document Specialist

Letter Number: 507A00006732ALLAHASSEELFLOF STA

LAW OFFICE

#### PEACOCK & GAFFNEY

PROFESSIONAL ASSOCIATION 2348 SUNSET POINT ROAD CLEARWATER, FLORIDA 33765 (727) 796-7774 FAX (727) 797-6317

RAY PEACOCK
PATRICK F. GAFFNEY\*
ANTHONE R. DAMIANAKIS\*

January **1** ∮ 2007

\*BOARD CERTIFIED MARITAL & FAMILY LAWYER \*LICENSED IN FLORIDA & NEW YORK

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

Subject: Lakefront, Ll.C

Document Number: L02000011983

The enclosed Statement of Change of Registered Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Anthone R. Damianakis, Esq. Peacock & Gaffney P.A. 2348 Sunset Point Road Clearwater, FL 33765

Phone 727/796-7774

Enclosed is a check made payable to the Department of State for \$35.00.

Cordially,

Anthone R. Damianakis

AD/dl Encl.

Cc: Mr. McIntyre

GRETARY OF STATE

WINDS

### **COVER LETTER**

Division of Corporations	•
SUBJECT: Lakefron	+ . T. T. C
(N	ame of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.
Please return all correspondence cor	icerning this matter to the following:
	•
Anthone R. Damianaki	s. Fea
(Name of Person)	
Peacock & Gaffney P.	λ
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
2348 Sunset Point Re	<del>3.</del>
(Addiess)	
Clearwater, FL 337	65
(City/State and Zip Co	de)
For further information concerning t	his matter, please calls
roi iuitilei iiioimation conceining t	ins matter, picase can.
Anthone R. Damianak:	is at (727 ) 796-7774
(Name of Person)	(Area Code & Daytime Telephone Number)
	SSR 1
STREET/COURIER ADDRE Registration Section	SS: MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tulianasso, Fiorida 52511
Enclosed is a check for the	following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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 compan's submits the following statement in order to change its registered office or registered agent, or both, it the State of Florida.

1. The name of the limite	d liability company is	s:I	Lakefront, L	- I C-	
2. The mailing address of	the limited liability of	company is	P.O. Box	249, Oldsmar,	
Florida 34677	·				
05/16/2002			L02000	0011983	
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of		istered offic	e address as show	n on the records of the	
	Alan S. Gas	sman, Es	iq.	7	
		Name		2007 FEB SECRETA	
	1245 Court	St.	Suite 102		
	•	Address			
	Clearwater,			-5 SSE	
	City	, State and	Zip		
6. The name and address	of the new registered	agent and/o	r office:	AM II: 05  OF STATE EE. FLORIDA	
	Anthone R. Damianakis, Esq.		. 05		
Name 2348 Sunset Point Road					
	Florida street addre			<del>.</del> <del>?</del> )	
	Clearwater	, <sub>FL</sub> 33	765		
	City,	State and Z	ip		
If the limited liability come confirmed that after the chand the business office of liability company, it is her	nange or changes are the registered agent v	nade, the Fl vill be ident	lorida street addres ical. Or, in the cas	ss of the registered office	

of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited Hability company.

(Signature of a member or authorized representative of a member)

(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 **FILING FEE: \$25.00** 

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