L03000001254

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· ************************************
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500024944535

11/24/03 -01092--007 **35.00

2004 JAN 13 PM 4: 20
2004 JAN 13 PM 4: 20
2004 JAN 13 PM 4: 20

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CHARLOTTE PROPERTIES, L.L.C. (Name of corporation)
DOCUMENT NUMBER: L03000001254
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
K STEVEN ROBERTS = (Name of person)
(Name of person)
(Name of firm/company)
(Name of firm/company)
(Name of person) CHARLOTTE PROPERTIES LLC. (Name of firm/company) 6919 SPINNAKER BLVD. (Address) ENGLEWOOD FL 34234
(Address)
ENGLEWOOD FL 34234 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (214) 165 5540 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda_E. Hood Secretary of State

December 3, 2003

K STEVEN ROBERTS CHARLOTTE PROPERTIES, L.L.C. 6919 SPINNAKER BLVD. ENGLEWOOD, FL 34224

SUBJECT: CHARLOTTE PROPERTIES, L.L.C.

Ref. Number: L03000001254

We have received your document for CHARLOTTE PROPERTIES, 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):

You completed the wrong form

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 303A00064997



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: CHARLOTTE PROPERTIES, L.L.C.
2. The mailing address of the limited liability company is: 6919 SPINNAKER BLVD.
ENGLEWOOD FL 34224

1/10/03 2. Date of filing/registration in Florida 2. Document number 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:
• =
MARK A. ZUPSTC Name
Address BLVD.
ENGLEWOOD EL 34224
City, State and Zip
6. The name and address of the new registered agent and/or office: **DARRYL A. NEWELL** **TOTAL STATES** **TOTAL STAT
DARRIL A. NEWELL 2007 20
Name 3579 SOUTH ACCESS ROAD, SUITE L
Florida street address (P.O. Box NOT acceptable)
• ,
ENGLEWOOD FI 34224 City, State and Zip
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)
BARRYL A. NEWELL
(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
DIVISION OF COLPULATIONS, F.C. DUX 034/, TAHAHASSEC, FL 34314

FILING FEE: \$25.00

INHS18(10/99)