

L030000004353

(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:

Office Use Only



900062246629

12/21/05--01019--011 **35.00

FILED

06 FEB 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAJPUTANA PROPERTY 1, L.C.
(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:

SUNANDA SINGH, M.D.
(Name of Person)

RAJPUTANA PROPERTY 1, L.C.
(Firm/Company)

4708 RUE BORDEAUX
(Address)

LUTZ, FLORIDA 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

SUNANDA SINGH at (352) 592-0120
(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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2006

SUNANDA SINGH, M.D.
4708 RUE BORDEAUX
LUTZ, FL 33558

SUBJECT: RAJPUTANA PROPERTY 1, L.C.
Ref. Number: L03000004353

We have received your document for RAJPUTANA PROPERTY 1, 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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 906A00000132

**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: RAJPUTANA PROPERTY 1, L.C.
2. The mailing address of the limited liability company is : 4708 RUE BORDEAUX
LUTZ, FLORIDA 33558

FEBRUARY 5, 2003

L03000004353

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:

O'CONNOR, PATRICK M., ESQUIRE

Name

2240 BELLEAIR ROAD, SUITE 160

Address

CLEARWATER, FL 33764

City, State and Zip

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

O'CONNOR, PATRICK M., ESQUIRE

Name

1250 S. BELCHER ROAD, SUITE 160

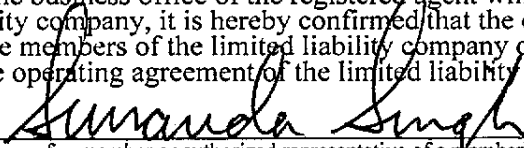
Florida street address (P.O. Box NOT acceptable)

LARGO

FL 33771

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)

SUNANDA SINGH
(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

FILED
06 FEB 23 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA