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EXAMINER



500131500865

06/20/08--01034--007 **25.00

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NORTHEAST ORLANDO REALTY L.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:			
LORI TYRRELL (Name of Person)			
NORTHEAST ORUANDO REALTY LLC (Firm/Company)			
950 S. Winter Park Drive Swite 107			
CASSELBERRY, FL 30707 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (AO7) (Area Co	ode & Daytime Telephone Number)		
Registration Section Regis Division of Corporations Divisi Clifton Building P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STAZEMENT 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:	EAST OPLANDO REALTY
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	DY: 950 S. WITTER PARK DE SUITE 107 CASSEL BERRY, FL 32107
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAUE AS ABOVE
3. Date of filing/registration in Florida	1_0300005606 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Korshak, Stephen D.
· Registered Office Address:	SUNO Commodity Circle Suite 200B Orlando, Fl. 30819
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Lori Tyrrell
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	950 S. Winter Park Stc 107 Casselberry ,FL 32707
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company. (Signature of a member of authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified. (Signature of Registered Agent)	

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