

LD3000010284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

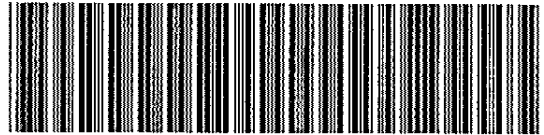
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100040355891

08/26/04 --01042--004 **00.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 26 PM 12: 09

RECEIVED
04 AUG 26 PM 12: 02
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

103-10284

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENETIAN AT RIVERWALK, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. RYAN
(Name of Person)

(Firm/Company)

17781 SE FEDERAL HWY
(Address)

TEQUESTA, FL 33469
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J RYAN at (561) 746 1050
(Name of Person) (Area Code & Daytime Telephone Number)

04 AUG 26 PM 12: 09

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: VENETIAN AT RIVERDALK, L.L.C.
2. The mailing address of the limited liability company is: 4237 Rigels Cove,
JENSEN BEACH FL 34957
3. Date of filing/registration in Florida MARCH 21, 2003
4. Document number L03000010284

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LUNDSTROM, DANIEL J.
Name
4237 Rigels Cove
Address
JENSEN BEACH FL 34957
City, State and Zip

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

MICHAEL J RYAN
Name
17781 SE FEDERAL HWY
Florida street address (P.O. Box NOT acceptable)
Tequesta FL 33469
City, State and Zip

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 26 PM 12:09

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.

Michael J. Ryan
(Signature of a member or authorized representative of a member)

MICHAEL J. RYAN
(Printed or typed name of signer)

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.

Michael J. Ryan
(Signature of Registered Agent)

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