

L03000017772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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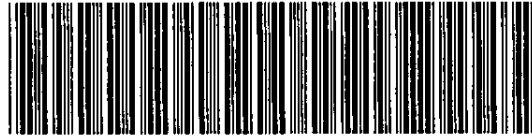
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12 MAY 25 PM 3:18

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OFFICES IN:

HYDE PARK
SUN CITY CENTER
NORTH TAMPA

May 23, 2012

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Cedar Street Properties, LLC
Statement of Change of Registered Office and Registered Agent
Document Number L03000017772

Dear Clerk:

Enclosed is a check in the amount of \$25.00 to file the enclosed Statement of Change of Registered Office and Registered Agent for the above-referenced limited liability company.

Thank you for your prompt attention to this matter. If you have any questions, please call.

Very truly yours,


Lise J. Peterson,
Legal Assistant

/ljp
Enclosures

12 MAY 25 PM 3:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cedar Street properties, LLC
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:

Sarah M. Davidson
Name of Person

Cedar Street Properties, LLC
Firm/Company

10207 Falcon Terrace
Address

Seminole, FL 33778
City/State and Zip Code

DGuyMcMullenprop@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah M. Davidson at (929) 446-2318
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

12 MAY 25 PM 3:18
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Cedar Street Properties, LLC
2. (a) Principal office address of limited liability company: 10207 Falcon Terrace
Seminole, FL 33778
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: P.O. Box 91
Clearwater, FL 33757-91
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 5/16/2003
4. Document number: LD3000017772
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
- Registered Agent: Randall Miller
- Registered Office Address: 315 S. Hyde Park Ave.
Tampa, FL 33606
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Christopher H. Norman
- NEW Registered Office Address:** 315 S. Hyde Park Ave.
Tampa, FL 33606
, FL
(MUST BE FLORIDA STREET ADDRESS)

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.

Sarah M. Davidson
Signature of a member or authorized representative of a member

Sarah M. Davidson, MGR
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.

X [Signature]
Signature of Registered Agent

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