

L03000018114

(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



700139411857

01/05/09--01031--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN - 5 AM 8:41

J. BRYAN

JAN - 6 2009

EXAMINER



Regulatory Counsel Group, Inc.

Mortgage Licensing & Compliance Advisors

www.regulatorycounsel.com

December 30, 2008

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JAN -5 AM 8:44

RE: Shade Properties, L.L.C.

To Whom It May Concern:

This provides you with information on behalf of **Shade Properties, L.L.C.** to record a change of registered agent. As their Agent, Regulatory Counsel Group, Inc. has enclosed the following:

1. A check in the amount of \$25.00 (filing fee)
2. One (1) original Statement of Change Documents (signed)
3. A self-addressed, stamped envelope to send approval back to my attention.

Please send all correspondence to:

Regulatory Counsel Group, Inc.
800 Abbey Court
Alpharetta, GA 30004

Thank you for your cooperation. If you have any questions, please contact me via phone at (770) 992-7779, via email at llesser@rcgteam.com or via fax at (770) 992-0779.

Sincerely,

Lisa A. Lesser
Account Executive

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shade Properties, 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:

Lisa Lesser Account Executive
(Name of Person)

Regulatory Counsel Group, Inc.
(Firm/Company)

800 Abbey Court
(Address)

Alpharetta, GA 30004
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -5 AM 8:43

For further information concerning this matter, please call:

Lisa Lesser at (770) 992-7779
(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

**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: Shade Properties, L.L.C.

2. (a) Principal office address of limited liability company: 4441 S. Tamiami Trail, Ste. B
(Note: MUST BE STREET ADDRESS) Sarasota, FL 34231

(b) Mailing address of limited liability company: PO Box 409
(Note: MAY BE POST OFFICE BOX) Englewood, FL 34295

05/20/2003

3. Date of filing/registration in Florida

L03000018114

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS) Weston, FL 33331

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.

Edward L. Terry
(Signature of a member or authorized representative of a member)

Edward L. Terry, Manager
(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.

Scott Scher
(Signature of Registered Agent) Scott Scher, Assistant Secretary

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