

L03000032053

(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



400239775374

09/21/12--01008--006 \*\*25.UU

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 SEP 21 PM 1:00

FILED

J. BRYAN

SEP 24 2012

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emerald Greens at Carrollwood, 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:

David W. Steen, Esq.

Name of Person

David W. Steen, P.A.

Firm/Company

13902 N. Dale Mabry Hwy., Suite 110

Address

Tampa, FL 33618

City/State and Zip Code

dwsteen@dsteenpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David W. Steen

Name of Person

at ( 813 )

251-3000

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

FILED  
2012 SEP 21 PM 1:00  
TALLAHASSEE, FLORIDA  
OFFICE OF THE CLERK  
STATE OF 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: Emerald Greens at Carrollwood, LLC

2. (a) Principal office address of limited liability company: 13941 Clubhouse Dr.

(Note: MUST BE STREET ADDRESS)

Suite 110  
Tampa, FL 33618

(b) Mailing address of limited liability company: P.O. Box 26563

(Note: MAY BE POST OFFICE BOX)

Tampa, FL 33623

08/26/2003  
3. Date of filing/registration in Florida

L03000032053  
4. Document number

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

Registered Agent: Rick W. Sadorf, Esq.

Registered Office Address: 1744 N Belcher Road  
Suite 150  
Clearwater, FL 33765

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

NEW Registered Agent: David W. Steen, Esq.

NEW Registered Office Address: 13902 N. Dale Mabry Hwy  
(MUST BE FLORIDA STREET ADDRESS) Suite 110  
Tampa, FL 33618

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.

Frank R. Hayden  
Signature of a member or authorized representative of a member

Frank R. Hayden, President Commercial Construction Management Services, Inc.  
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]  
Signature of Registered Agent

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