

L03000042193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

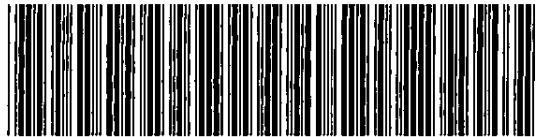
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800117811608

02/13/08--01009--003 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 12 PM 12:05

Print
(102)

G. MCLEOD

MAR 17 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2008

ROBERT L TRACY
916 FLEMING STREET
KEY WEST, FL 33040

SUBJECT: THE MEADOWS OF KEY WEST, LLC
Ref. Number: L03000042193

We have received your document for THE MEADOWS OF KEY WEST, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 408A00009685

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: THE MEADOWS OF KEY WEST, LLC
2. The mailing address of the limited liability company is : 916 FLEMING ST.
KEY WEST, FL. 33040
3. Date of filing/registration in Florida 03/08
4. Document number. 408A 0000 9685

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

Damon Leard
Name
916 FLEMING ST.
Address
KEY WEST, FL. 33040
City, State and Zip

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

Robert L. Tracy
Name
916 FLEMING ST.
Florida street address (P.O. Box NOT acceptable)
KEY WEST FL 33040
City, State and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 12 PM 12:05

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.

Robert L. Tracy MGR. MEMBER
(Signature of a member or authorized representative of a member)

Robert L. Tracy, MGR. MEMBER
(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.

Robert L. Tracy
(Signature of Registered Agent)

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