L04000034607

(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	٦				
Special Instructions to Filing Officer:					
*					





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06/17/13--01043--003 **25.00



COVER LETTER

Division of Corporations					
SUBJECT: Winter Linow, LLC Name of Limited Liability Company					
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:					
·					
MORRIS MORGENSTEIN Name of Person					
Bobrow + Co. P.C.					
Firm/Company					
Two Bridgenter Road					
Enrmines tow CT 06032 City/State and Zip/Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
morris Murgeriter at (860) 677-7077					
Name of Person Area Code & Daytime Telephone Number					
CERTIFICATION ADDRESS MAN INC. ADDRESS.					
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section					
Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
▼ \$25 Filing Fee					

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.	Na	me of the limited liability company: winter	HAVEN, LLC
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: PO BOX 388 (b) SOUTH MAND STREET EAST WINDSOR, CT 06088
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 Soy Appalousa Trail Welllyston, Florida 33414
3 .	Dat	te of filing/registration in Florida	<u>L040000 3 4607</u> 4. Document number
5	(a)	Pagistared Agent and Designand Office design	
٠,	(α)	Registered Agent and Registered Office shown on	
		Registered Agent:	Hildn M. Porro
	٠	Registered Office Address:	12773 W. Forest Hill Blod South
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	FO S
		NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Robert C. Sorgini 300 North Federal Highway Lake Worth, FL 33460
co	ntin d the	limited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be idently company, it is hereby confirmed that the change(s embers of the limited liability company or as otherwise agreement of the limited liability company.	laws of the State of Florida, it is hereby
Sig	natur	e of agreember or authorized representative of a member	_
		Lowrence G. Tribble	
		or typed name of signee	
co an ad	here mply a La gapla dres	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prain familiar with and accept the obligations of my poer 608, F.S. Or, if this document is being filed to mess, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sistion as registered agent as provided for in the registered office y has been notified in writing of this change.
Si	znatu	re of Registered Agent	

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

INHS18 (05/08)