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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2014

DESIREE LINDAHL 2095 INDIDAN RIVER BLVD. VERO BEACH, FL 32960

SUBJECT: VILLAGES OF RIO PINAR CLUB ASSOCIATION, LLC

Ref. Number: L04000044788

We have received your document for VILLAGES OF RIO PINAR CLUB ASSOCIATION, 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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 914A00002363

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: VIWGES OF RIO PINAR CLUB ASSOCIATION Name of Limited Liability Company	ij,
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following:	
Desiree Undang	
Sandriw Proporty Management.	
2095 Indian River Blvd.	(2) (7) (7)
Varo Bedda, Fl 32960 City/State and Zip/Code	
Asire & Sandrium mot - Com E-mail address: (to be used for future annual report notification)	1
For further information concerning this matter, please call:	
Desipere Lindon at 407 574-5885	
Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301  Area Code & Daytime Telephone Number  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	i
INHS18 (12/13) Coo 11 postus Submitted.	•

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Flor. company submits the following statement in order to chaboth, in the State of Florida.	ida Statutes, the undersigned limited liability nge its registered office or registered agent, or
1. Name of the limited liability company: Villages	of Rio Firde Club ASSOCIATION
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as allowe.
5/21/2004	L04000044788
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	ARMSTRONG, Jan FCe
Registered Office Address:	1001 N. Lake Desting Blvd.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Soudview Proposty Montgewn
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2095 Indian River Blud. Vero Beach ,FL 32960
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwish operating agreement of the limited liability company.	Florida street address of the registered office atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote of
Signature of a member or authorized representative of a member	
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 605, F.S. Or, if this document is being filed to maddress I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (12/13)

Signature of Registered Agent

