

L04000057864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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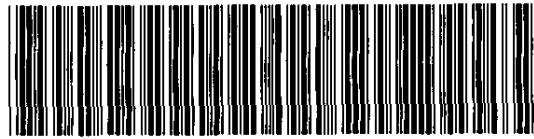
(Business Entity Name)

(Document Number)

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RECEIVED
10 OCT 21 AM 10:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

OCT 22 2010

EXAMINER

RECEIVED
10 OCT 22 PM 2:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2010

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: PINE MEADOWS INVESTORS 2 LLC
Ref. Number: L04000057864

*Corrected
&
Resubmitted
10/22*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 22 PM 2:45

We have received your document for PINE MEADOWS INVESTORS 2 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A member or authorized representative must sign in Item 5.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 210A00024929

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

10/21 Emily

☐ **CERTIFIED COPY**

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☒ **FILING**

Amend

RECEIVED
DIVISION OF CORPORATIONS
10 OCT 22 PM 2:45

1. Pine Meadows Investors 2, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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: Pine Meadows investors 2 LLC

2. (a) Principal office address of limited liability company: 2801 Alaskan Way Suite 200



(Note: **MUST BE STREET ADDRESS**)

Seattle, WA 98121



(b) Mailing address of limited liability company:

2801 Alaskan Way Suite 200

(Note: **MAY BE POST OFFICE BOX**)

Seattle, WA 98121

08/17/2009

3. Date of filing/registration in Florida

L04000057864

4. Document number

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 S. Pine Island Road
Pantation, 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.

Kathleen C. Gairepy
Signature of a member or authorized representative of a member

Kathleen C. Gairepy

Printed or typed name of signer

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.

by:

Lori Stuhlman
Signature of Registered Agent Lori Stuhlman, Asst. Sec.

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

FILING FEE: \$25.00