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2006 APR -6 P 1:43

SECRETARY OF STATE
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

2005 APR -6 P 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 23, 2006

ALLISON DAVENPORT
THE GARDEN DISTRICT AT PERDIDO KEY LLC
7293 KAPTAIN KIDD REEF
PENSACOLA, FL 32507

SUBJECT: THE GARDEN DISTRICT AT PERDIDO KEY, LLC
Ref. Number: L04000066542

We have received your document for THE GARDEN DISTRICT AT PERDIDO KEY, 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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 206A00013057

COVER LETTER

FILED

TO: Registration Section
Division of Corporations

2006 APR -6 P 1:43

SUBJECT: THE GARDEN DISTRICT AT PERDIDO KEY, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ALISON R. DAVENPORT

(Name of Person)

THE GARDEN DISTRICT AT PERDIDO KEY, LLC

(Firm/Company)

17293 CAPTAIN KIDD REEF

(Address)

PENSACOLA, FL 32507

(City/State and Zip Code)

For further information concerning this matter, please call:

ALISON R. DAVENPORT at (850) 492-2940

(Name of Person)

(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

Already Paid \$35

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 GARDEN DISTRICT AT PERDIDO KEY, LLC
2. The mailing address of the limited liability company is: 7293 CAPTAIN KIDD REEF
PENSACOLA, FL 32507
3. Date of filing/registration in Florida 9/9/2004
4. Document number L04000066542

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

ALISON R. DAVENPORT
Name
7263 CAPTAIN KIDD REEF
Address
PENSACOLA, FL 32507
City, State and Zip

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

ALISON DAVENPORT
Name
7293 CAPTAIN KIDD REEF
Florida street address (P.O. Box NOT acceptable)
PENSACOLA FL 32507
City, State and Zip

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.

Alison R. Davenport
(Signature of a member or authorized representative of a 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.

(Signature of Registered Agent)

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE GARDEN DISTRICT AT PERDIDO KEY, LLC
2. The principal office address: 7293 CAPTAIN KIDD REEF
PENSACOLA, FL 32507
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/9/2004 Document number: L04 000066542
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALISON R. DAVENPORT
7263 CAPTAIN KIDD REEF
PENSACOLA, FL 32507

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALISON R. DAVENPORT
7293 CAPTAIN KIDD REEF
(P.O. Box NOT acceptable)
PENSACOLA, FL 32507

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Alison R. Davenport ALISON R. DAVENPORT, PRESIDENT
(Signature of an officer or director) (Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Alison R. Davenport 2-10-06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8-05)