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(Requestor's Name)							
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PICK-UP WAIT MAIL							
:							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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FILEU 09 SEP 23 AM II: 21 SECRETARY OF STATE SECRETARY OF STATE

J. BRYAN
SEP 24 2009
EXAMINER

COVER LETTER

10;	Division of Corporations								
SUB.	SUBJECT: Clermont Realty Investors, LLC								
	Name of Lin	mited	i Liabil	ity Corr	npany				
Dear	Sir or Madam:								
The e	nclosed Registered Agent/Registered Of	fice (Change	and fee	(s) are	submitted fo	or filing.		
Please	e return all correspondence concerning the	his m	atter to	the foll	owing	:			
	Pamela Rush	· · · · · · · · · · · · · · · · · · ·		_					
	Name of Person					•			
	Kanan Realty Group, Inc.					•			
	Firm/Company						SE	09	
1	3506 Summerport Village Parkway S	Suite	255				CRETARY OF STATI LAHASSEE, FLORI	SEP	41
	Address						ARY ASSE	23	į
	Windermere FL 34786						m T	SEP 23 AM 11: 2	
	City/State and Zip Code			-			T STA	•	
							8F	12	
	pam.rush@hotmail.com						17		
E	pam.rush@hotmail.com -mail address: (to be used for future annual report not	ificatio	on)						
For fu	urther information concerning this matter	r, plea	ase call	:					
	Pamela Rush	at (407)		702-3116			
	Name of Person	(/	& Dayt	ime Telephone N	lumber		
	STREET/COURIER ADDRESS:		3.5 4	ILING	A DDD	ECO.			
	Registration Section								
	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	amo	unt:						
	\$25 Filing Fee		\$5	5 Filing	Fee &	Certified Co	ору		
	•								

INHS18 (5/08)

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:	Clermont Realty Investors, LLC					
2. (a) Principal office address of limited liability co	ompany:					
(Note: MUST BE STREET ADDRESS)	416 Butler St. Windermere FL 34786					
(b) Mailing address of limited liability company	: 13506 Summerport Village Parkway					
(Note: MAY BE POST OFFICE BOX)	Suite 255 Windermere FL 34786					
11/22/04	L04000084381					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:					
Registered Agent:	Steve Leichner					
Registered Office Address:	177 Longview Ave Celebration FL 34747					
(b) Enter name of NEW Registered Agent and/	or NEW Registered Office address:					
NEW Registered Agent:	Pamela Rush					
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	13226 Zori Lane					
	Windermere ,FL34786					
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the choof the members of the limited liability company or a or the operating agreement of the limited liability confirmed that the choof the member or authorized representative of a member of a	e, the Florida street address of the registered office to identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote					
Rhonda J. Kanan Printed or typed name of signee	•					
•	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office I mpany has been notified in writing of this change.					

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