

L05000001506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

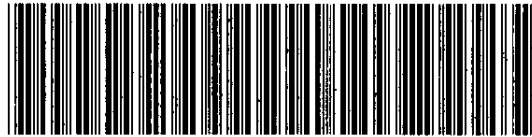
Special Instructions to Filing Officer:

A. LUNT

JUL 23 2008

EXAMINER

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FILED  
2008 JUL 21 P 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tropic Land Holdings, LLC  
(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:

Sheila Biehl,  
(Name of Person)

Sheila Biehl, P.A.  
(Firm/Company)

406 SW Seventh Street  
(Address)

Stuart, Florida 34994  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sheila Biehl, at ( 772 ) 223-5353  
(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

*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.*

2. (a) Principal office address of limited liability company: 6051 Carlton Rd.  
(Note: **MUST BE STREET ADDRESS**) Port St. Lucie, FL 34987

(b) Mailing address of limited liability company: 6051 Carlton Rd.  
**(Note: MAY BE POST OFFICE BOX)** Port St. Lucie, FL 34987

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

Registered Office Address: 6501 Carlton Rd.  
Port St. Lucie, FL 34987

**NEW Registered Office Address:** 406 SW Seventh Street  
**(MUST BE FLORIDA STREET ADDRESS)** Stuart, Florida 34994  
 .FL

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.

Shirley Biehl PA Representative  
(Signature of a member or authorized representative of a member)

Sheila Biehl,  
(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**