

LOS 0000006958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

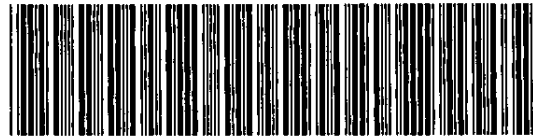
(Business Entity Name)

(Document Number)

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2013 FEB - 7 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan FEB - 8 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**TLC HOME MANAGEMENT, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**John Munn**

\_\_\_\_\_  
Name of Person

**TLC Home Management, LLC**

\_\_\_\_\_  
Firm/Company

**720 Celebration Avenue**

\_\_\_\_\_  
Address

**Celebration, FL 34747**

\_\_\_\_\_  
City/State and Zip Code

**johnmunn@me.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**John Munn** at **(407) 729-5623**

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2013

JOHN MUNN 2nd ml  
7534 POINT VENEZIA DRIVE  
ORLANDO, FL 32836

SUBJECT: TLC HOME MANAGEMENT, LLC  
Ref. Number: L05000006958

We have received your document for TLC HOME MANAGEMENT, 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):

The registered agent must sign accepting the designation.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 213A00001100

**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.*

TLC Home Management, LLC

1. Name of the limited liability company: \_\_\_\_\_

720 Celebration Avenue

2. (a) Principal office address of limited liability company: Celebration, FL 34747

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

720 Celebration Avenue

(b) Mailing address of limited liability company: \_\_\_\_\_

Celebration, FL 34747

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

1/24/05

L05000006958

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: \_\_\_\_\_

Dane J. Bradley

Registered Office Address: \_\_\_\_\_

804 Spring Park Loop

Celebration, FL 34747

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: \_\_\_\_\_

John C. Munn

J. C. MUNN

**NEW** Registered Office Address: \_\_\_\_\_

7534 Point Venezia Dr.

(**MUST BE FLORIDA STREET ADDRESS**)

Orlando, FL 32836

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.

Signature of a member or authorized representative of a member \_\_\_\_\_

Printed or typed name of signee

JOHN MUNN

*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

FILED

2013 FEB - 7 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA