

L050000/2390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

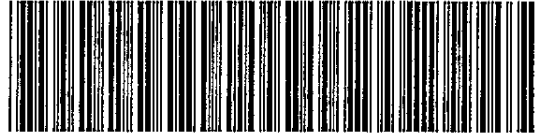
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# **<sup>P</sup>M** LAW OFFICES OF PETER P. MENDEZ, P.A.

Correspondence to:

♦ 1155 Louisiana Avenue, Suite 206  
Winter Park, Florida 32789  
Phone 407-740-5100 Fax 407-740-5105

♦ 120 Broadway Avenue, Suite 306  
Kissimmee, Florida 34741

January 26, 2005

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Troche Properties, .L.L.C.

Dear Sir/Madame:

Enclosed per your request, please find the following:

1. Corrected Articles of Organization
2. Certificate of Resident Agent

A check in the amount of \$130.00 was filed previously with your office payment of the filing fee, designation of resident agent fee and certificate of status fee.

Please forward these documents to my office, as well as a letter of acknowledgement, as soon as possible.

Your cooperation with this matter is appreciated.

Very truly yours,



Peter P. Mendez

Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**TROCHE PROPERTIES, L.L.C.**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the limited liability company is Troche Properties, L.L.C.

**ARTICLE II**

The mailing address and street address of the principal office of the limited liability company is 20806 Yam Street, Orlando, Florida 32833.

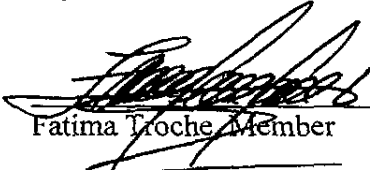
**ARTICLE III**

The name and street address of the initial registered agent is Fatima Troche, 20806 Yam Street, Orlando, Florida 32833.

**ARTICLE IV**

The limited liability company is to be managed by the members.

Signed and dated this 25<sup>th</sup> day of January, 2005.

  
\_\_\_\_\_  
Fatima Troche, Member

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*(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constituted an affirmation under the penalties of perjury that the facts stated herein are true.)*

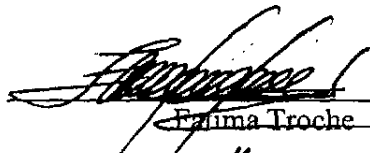
**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE  
OF  
TROCHE PROPERTIES, L.L.C.**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Troche Properties, L.L.C.
2. The name and the Florida street address of the registered agent are:

Fatima Troche  
20806 Yam Street  
Orlando, Florida 32833

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Fatima Troche

Dated this 25<sup>th</sup> day of January, 2005.

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