

L05000027779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

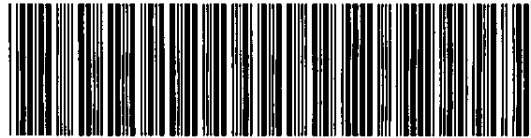
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP -5 PM 4:03

LLC RA/RO Change

SEP 11 2014
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2014

DONNA CRIPE
CHOICE VACATION HOMES LLC
13900 FOX GLOVE ST
WINTER GARDEN, FL 34787 US

SUBJECT: CHOICE VACATION HOMES, LLC
Ref. Number: L05000027779

We have received your document for CHOICE VACATION HOMES, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 514A00018138

RECEIVED
14 SEP -5 AM 11:00
DEPT. OF STATE
DIVISION OF CORPORATIONS
1111 GUNSCOTT BLVD
TALLAHASSEE, FL 32314

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Choice Vacation Homes 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:

Donna Cripe
Name of Person

Choice Vacation Homes
Firm/Company

P.O. Box 783902
Address

Winter Garden, FL 34778
City/State and Zip Code

donna@choicevacationhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Cripe at (321) 279-5233
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: CHOICE VACATION HOMES, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

13900 Fox GLOVE ST

P.O. Box 783902

WINTER GARDEN FL 34787

Winter Garden, FL 34778

3. 3/18/2005
Date of filing/registration in Florida

4. L05000027779
Document number

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

13900 Fox GLOVE ST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Winter Garden

_____, FL 34787

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

Patricia Ann Galloway

NEW Registered Office Address:

_____, FL _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP -5 PM 4:03

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]
Signature of a member or authorized representative of a member

8-31-14
Printed or typed name of signer

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 605, 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]
Signature of Registered Agent

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