K05000028590

_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)

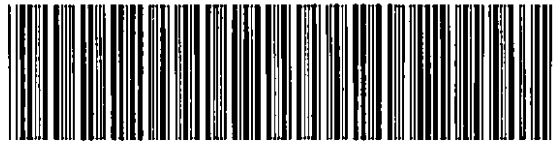☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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COVER LETTER

SUBJECT: _____L & F Development 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:

_____Joseph A. Colyer_____

Name of Person

_____L & F Development LLC_____

Firm/Company

_____3505 Lake Lynda Dr Suite 200_____

Address

_____Orlando FL 32817_____

City/State and Zip Code

_____Lj.Sarasota @ gmail.com_____

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

For further information concerning this matter, please call:

_____Lorei Rowe_____ at (941) 201 - 8520

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

INHS18 (2/14)

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: __L & F Development, LLC__

2. (a) __3505 Lake Lynda Dr__
   Principal office address of limited liability company:
   (Note: MUST BE STREET ADDRESS)
   __Suite 200__
   __Orlando, FL 32817__

   (b) __3505 Lake Lynda Dr__
   Mailing address of limited liability company:
   (Note: MAY BE POST OFFICE BOX)
   __Suite 200__
   __Orlando, FL 32817__

3. __03/22/2005__
   Date of filing/registration in Florida

4. __L05000028590__
   Document number

5. (a) __Joseph A. Colyer (owner/President)__
   Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
   __3547 53RD Ave W Unit 190__
   Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

   __Bradenton__, FL __34210__

   (b) __(same) Joseph A Colyer__
   Enter name of __NEW Registered Agent__ and/or __NEW Registered Office address:__

   __NEW__ Registered Office Address:
   __3505 Lake Lynda Dr Suite 200__
   __Orlando__, FL __32817__

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.

x _____
Signature of a member or authorized representative of a member

__Joseph A. Colyer__
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 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.

x _____
Signature of Registered Agent

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

INHS18 (2/14)