(Requestor's Name) (Address) 000066475070 (Address) (Čity/State/Zip/Phone #) ☐ WAIT PICK-UP MAIL (Business Entity Name) 02/24/06--01045--025 **25,7#1 Certified Copies _____ Certificates of Status _ Special Instructions to Filing Officer:

Office Use Only

M. HODGES



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2006

JENNIFER DENAULT CHERRY LANE 207 SW 129TH TERRACE TIOGA, FL 32669

SUBJECT: CHERRY LANE, LLC Ref. Number: L05000028598

We have received your document for CHERRY LANE, 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):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Letter Number: 606A00013635

Michelle Hodges Document Specialist

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

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cherry Lane 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:
Jennifer Denault (Name of Person)
Cherry Lane UC
207 SW 129 Terrall (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
<u>Jennifor Denaut</u> at (352) 331-7815 (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 \$\text{Certified Copy}\$
INHS18 (8/05) Daid \$35.

· · · STATEMENT OF CHANGE OF RE BOTH FOR LIM

FICE OR REGISTERED AGENT OR LTY COMPANY

Pursuant to the provisions of sections 608.41 liability company submits the following statem	or of 018.508, Florida Statutes, the undersigned limited tent in order to change its registered office or registered
agent, or both, in the State of Florida.	
1. The name of the limited liability company is	: Cherry Lane Lic.

1. The name of the limited liability company is:	
2. The mailing address of the limited liability company is	: 207 SW 129 Terrace
Tioga & 32469	•
March 22, 2005	L05000028598
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered off	ice address as shown on the records of the

of the name of the registered agent and the registered office address as shown on the	e records of a	.IC
Florida Department of State:		
Corporation Service Co.		
Name	<u> </u>	
1201 HAS START	25	
Address	LAN MAR	
Tallahasse 12 32301	5 5 5 5	
City, State and Zip	ن ب رگی ا	1 - ALAKAN 1 - ALAKAN 1 - ALAKAN
5. The name and address of the new registered agent and/or office:		
Jennifer Denault		
	80,5 80,5 80,5 80,5 80,5 80,5 80,5 80,5	
207 Sw 129th Terrace	⊅" 0.	
Florida street address (P.O. Box NOT acceptable)		

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.

City, State and Zip

Signature of a member or authorized representative of a member)

(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