## L05000028959

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne) .	
(Document Number)			
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SEGRETARY OF STATECT DIVISION OF CORPORATIONS

T. HAMPTON

OCT 20 2010

EXAMINER

## **COVER LETTER**

Division of Corporation	ıs .
SUBJECT:	Eagle Dunes II, 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	e concerning this matter to the following:
John C G	
Eagle Dune Firm/Comp	
1525 International P	arkway, Ste 4051
Lake Mary, Fid City/State and 2	
jgray@pinnacle E-mail address: (to be used for futur	orlando.com re annual report notification)
For further information concern	ing this matter, please call:
John C Gray, jr	at (407)333-0090
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301	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

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 OCT 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 13, 2010

JOHN C GRAY JR 1525 INTERNATIONAL PKWY STE 4051 LAKE MARY, FL 32746

SUBJECT: EAGLE DUNES II, LLC Ref. Number: L05000028959

We have received your document for EAGLE DUNES II, LLC and your check(s) totaling \$210.00. 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 110A00024288

## 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.

Name of the limited liability company:	Eagle Dunes II, LLC	
2. (a) Principal office address of limited liability comp	any:	
(Note: MUST BE STREET ADDRESS)	1525 International Parkway, # 4051 Lake Mary, Florida 32746	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	1525 International Parkway, # 4051 Lake Mary, Florida 32746	
3/23/2005	L05000028959	
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:	Gary Salzman, Gray Robinson, PA	
Registered Office Address:	301 E. Pine Street Suite 1400 Orlando, Florida 32801	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Agent</b>	EW Registered Office address:	
NEW Registered Agent:	John C. Gray, Jr.	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1525 International Parkway Suite 4051 Lake Mary ,FL32746	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company. It is hereby confirmed that the change of the members of the limited liability company or as office the operating agreement of the limited liability company.	ne laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited so e(s) was/were authorized by an affirmative total herwise provided in the articles of organization.	
Signature of a member or authorized representative of a member	OF PROPERTY.	
John C. Gray, Jr.	STATE ORATIC	
Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all stantes relative to the and I am familiar with and accept the obligations of my Chapter 608, FIS. Or, lifthis document is heing filed to address, I hereby confirm that the imited hability comp	d agree to act in this capacity. I further agrezio proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	
Signature of Registered Agent		
Division of Corporations P.O. Roy	6327 Tollohosson FI 22314	

**FILING FEE: \$25.00**