

L050000039793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

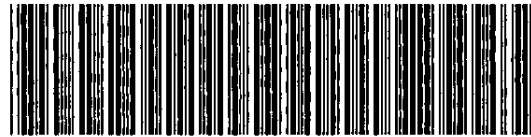
(Document Number)

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

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



500242948655

12/26/12--01015--006 \*\*35.00

FILED

2013 JAN 22 AM 8:57

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JAN 23 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARROLLWOOD COVE, 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:

STEVEN H. MEZER, ESQ.

Name of Person

BUSH ROSS, P.A.

Firm/Company

1801 N. HIGHLAND AVENUE

Address

TAMPA, FLORIDA 33601

City/State and Zip Code

SMEZER@BUSHROSS.COM

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

For further information concerning this matter, please call:

ASHLEY JENNINGS at ( 813 ) 204-6473

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

(Already paid  
\$35.00)

FILED  
2013 JAN 22 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

1. Name of the limited liability company: CARROLLWOOD COVE, LLC

2. (a) Principal office address of limited liability company: 212 West Van Buren, Suite 250  
**(Note: MUST BE STREET ADDRESS)** Chicago, IL 60607-3903

(b) Mailing address of limited liability company: 212 West Van Buren, Suite 250  
**(Note: MAY BE POST OFFICE BOX)** Chicago, IL 60607-3903

04/22/2005

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:

CORPORATION SERVICE COMPANY

Registered Office Address:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

NEW Registered Agent:

BUSH ROSS, P.A.

NEW Registered Office Address:

BUSH ROSS, P.A.

**(MUST BE FLORIDA STREET ADDRESS)**

1801 N. HIGHLAND AVENUE

TAMPA, FL 33601-3913

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.

Alan Poulack  
Signature of a member or authorized representative of a member

Alan Poulack  
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**