

L050000040909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

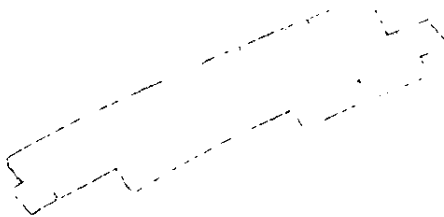
(Business Entity Name)

(Document Number)

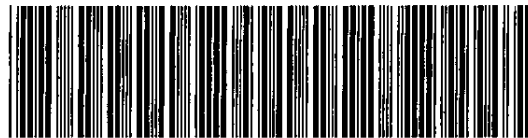
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06 JUN 13 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5043 Collingswood Blvd. 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:

Gary Glick

(Name of Person)

(Firm/Company)

41 Cove Road

(Address)

Lake Hopatcong, NJ 07849

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Glick

(Name of Person)

at (973) 663-2594

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2006

GARY GLICK
41 COVE ROAD
LAKE HOPATCONG, NJ 07849

SUBJECT: 5043 COLLINGSWOOD BLVD., LLC
Ref. Number: L05000040909

We have received your document for 5043 COLLINGSWOOD BLVD., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The information for the old Registered Agent does not match what is on our records.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 106A00017835

**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. The name of the limited liability company is: 5043 Collingswood Blvd. LLC

2. The mailing address of the limited liability company is : 5043 Collingswood Blvd

Port Charlotte FL 33948

April 22, 2005

L05000040909

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Mitchell McRae

Name

6274 Linton Boulevard, Suite 100

Address

Delray Beach, FL 33484

City, State and Zip

6. The name and address of the new registered agent and/or office:

Gary Glick

Name

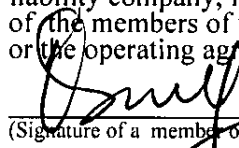
15687 83 RD WAY NORTH

Florida street address (P.O. Box NOT acceptable)

PALM BEACH GARDENS, FL 33418

City, State and Zip

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 of a member or authorized representative of a member)

David P. Greenberger, Esq

(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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA