

LD5000042886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

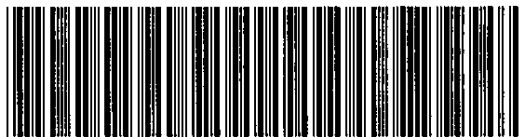
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

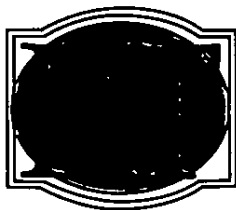
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FILED
10 MAR 30 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



HUDDLESTON & TEAL P.A.
ATTORNEYS AT LAW

MICHAEL C. HUDDLESTON ♦ MICHAEL S. TEAL

March 25, 2010

Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Re: Minnesota Partners, LLC
The Highlands Subdivision Homeowners Association, Inc.

Gentlemen:

Enclosed is a Statement of Change of Registered Office or Registered Agent or both for Corporations, covering The Highlands Subdivision Homeowners Association, Inc., and this firm's check covering the filing fee of \$35.00.

Also enclosed is a Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company, covering Minnesota Partners, LLC, and this firm's check covering the filing fee of \$25.00.

The annual report for each of the above entities will be filed by May 1, 2010.

Thank you for your assistance in this matter.

Very truly yours,

Michael S. Teal
MST/nae
Enc.

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: MINNESOTA PARTNERS, LLC

2. (a) Principal office address of limited liability company: 6119 Lake Winona Road



(Note: MUST BE STREET ADDRESS)

DeLeon Springs FL 32130

(b) Mailing address of limited liability company:



(Note: MAY BE POST OFFICE BOX)

April 27, 2005
3. Date of filing/registration in Florida

L05000042886
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Harlan L. Paul

Registered Office Address:

142 East New York Avenue
DeLand FL 32724

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

NEW Registered Agent:

Jack Shuman

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

6119 Lake Winona Road
DeLeon Springs FL 32130
,FL

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

Jack Shuman

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