

W5000050256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

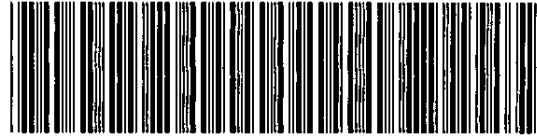
(Business Entity Name)

(Document Number)

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

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08 OCT - 2 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
M. THOMAS  
OCT - 3 2008  
EXAMINER  
EXAMINER

**NewCo Corporate Services, Inc.**

875 Avenue of the Americas - Suite 501  
New York, New York 10001

Telephone: (212) 356-8340

Internet Address: maria@newcocorporate.com

Fax: (212) 356-8346

Sept. 26, 2008

Florida Secretary of State  
Registration Section  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: KOECKRITZ DEVELOPMENT OF BOCA RATON II, LLC**  
**Change of Agent -**

Dear Sir/Madam:

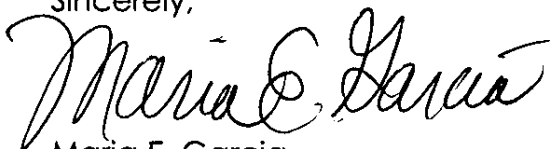
Enclosed please find Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company on behalf of the above entity.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If, there are any problems, please contact the undersigned immediately at the following toll-free number **1-888-336-3926**.

Thanking you in advance for your prompt attention to this matter.

Sincerely,



Maria E. Garcia  
Senior Corporate Specialist

Encls:

*CHECK ENCLOSED*

CHECK #:

*29887*

AMOUNT \$

*25. <sup>00</sup>/<sub>X4</sub>*

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09 OCT - 2 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Koeckritz Development of Boca Raton 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 concerning this matter to the following:

Maria E. Garcia

(Name of Person)

Newco Corporation Services, Inc.

(Firm/Company)

875 Avenue of the Americas - Ste 501

(Address)

New York, NY 10001

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria E. Garcia

(Name of Person)

at ( 212 )

356-8340

(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

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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. The name of the limited liability company is: Koeckritz Development of Boca Raton II, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

1731 Upland Road , West Palm beach, FL 33409

05/19/2005

L05000050256

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:

Koeckritz, George

Name

1731 Upland Road

Address

West Palm Beach, FL 33409

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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.

RED RIVER HOLDINGS LLC

By: \_\_\_\_\_

(Signature of a member or authorized representative of a member)

Robert B. Campbell, Managing 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.*

Geraldine Mirando

(Signature of Registered Agent)

Geraldine Mirando, Asst V.P.

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA  
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