

LD5000066577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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APR 22 2008

EXAMINER



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04/22/08--01008--021 \*\*25.00

RECEIVED  
08 APR 22 AM 10:52  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 APR 22 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2008

LEE FREYER KENNEDY  
444 MADISON AVE 28TH FLOOR  
NEW YORK, NY 10022

SUBJECT: LEE FREYER KENNEDY CRESTVIEW II, LLC  
Ref. Number: L05000066577

We have received your document for LEE FREYER KENNEDY CRESTVIEW II, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The registered agent must sign accepting the designation.

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) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 508A00019481

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lee Freyer Kennedy Crestview 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:

Lee Freyer Kennedy  
(Name of Person)

c/o Lachman & Lachman  
(Firm/Company)

444 Madison Avenue, 28th Floor  
(Address)

New York, NY 10022  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carl Eldred at ( 850 ) 222-7500  
(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

**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: Lee Freyer Kennedy Crestview II, LLC
2. The mailing address of the limited liability company is : 444 Madison Avenue, 28th Floor  
New York, NY 10022

7/6/05

L05000066577

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:

Lee Freyer Kennedy

Name

4650 Paradise Isle

Address

Destin, FL 32541

City, State and Zip

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

Brian Crumbaker, Esquire

Name

123 S. Calhoun Street

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

Tallahassee

FL 32301

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)

Lee F Kennedy  
(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

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