

L05000083830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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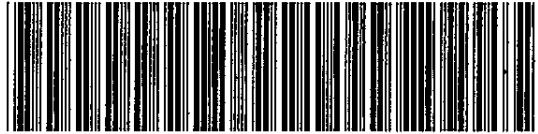
(Business Entity Name)

(Document Number)

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06 MAY 11 PM 4:56

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J. BRYAN APR 27 2006

J. BRYAN MAY 12 2006



**LAW OFFICES OF  
J. KELLY KENNEDY**

198 1<sup>st</sup> St S  
Winter Haven, FL 33880-3004



**J. KELLY KENNEDY**

Attorney at Law/Certified Public Accountant  
e-mail: kelly@jkklaw.com

**AREAS OF PRACTICE:**

Wills, Estates, Estate Planning,  
Real Property Law, Taxation,  
Corporate and Business Law

**CYNTHIA CROFOOT RIGNANESE**

Attorney at Law  
e-mail: ladylawyer@jkklaw.com

**REPLY TO:**

PO Box 7604, Winter Haven, FL 33883-7604  
Tel: (863) 294-1114 Fax: (863) 294-8937

April 19, 2006

Division of Corporation  
PO Box 6327  
Tallahassee, Florida 32314-6327

RE: CHANGE OF REGISTERED AGENT: LAKE ASHTON RENTALS, LLC

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**Dear Ladies:**

Enclosed, please find an original Change of Registered Agent Form for the above-reference corporation. I also enclose my law firm's check in the amount of \$35.00 to cover this charge.

Thank you for your cooperation in this matter. If you should have any questions, please do not hesitate to contact my office.

Sincerely yours,

  
**CYNTHIA CROFOOT RIGNANESE, ESQUIRE**

CCR/rh

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAKE ASHTON RENTALS, 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:

Cynthia Crofoot Rignanese, Esquire  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

PO Box 7604

\_\_\_\_\_  
(Address)

Winter Haven, Florida 33883-7604  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Crofoot Rignanese at ( 863 ) 294-1114  
(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

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2006

J. KELLY KENNEDY  
198 1ST ST S  
WINTER HAVEN, FL 33880-3004

SUBJECT: LAKE ASHTON RENTALS, LLC  
Ref. Number: L05000083830

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 11 PM 4:57

We have received your document for LAKE ASHTON RENTALS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 606A00029196

**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: Lake Ashton Rentals, LLC

2. The mailing address of the limited liability company is: 4256 Ashton Club Drive

Lake Wales, FL 33859

08/24/05

L05000083830

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:

Roger Hill

Name

4256 Ashton Club Drive

Address

Lake Wales, FL 33859

City, State and Zip

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

Wanda Sprecher

Name

100 El Camino Dr Unit 106

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

Winter Haven FL 33884

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.

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

Roger Hill

(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.*

Wanda M. Sprecher  
(Signature of Registered Agent)

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

**FILING FEE: \$25.00**

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