## L05000090086

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 20, 2005

SANJAY KHATRI 1001 N LAKE DESTINY DR STE 125 MAITLAND, FL 32751

SUBJECT: FLORIDA HOME EQUITY, LLC

Ref. Number: L05000090086

We have received your document for FLORIDA HOME EQUITY, LLC and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 105A00063923

## **COVER LETTER**

Division of Corporations
SUBJECT: FLORIDA HOME EQUITY, LLC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
FLORIDA HOME EQUITY (Firm/Company)
(Firm/Company)
1001 N. LAKE DESTINY DR. SUITE 125
(Address)
LOGIN LAKE DESTINY DR SUITE 125   State of the state of the suite of the state of
(City/State and Zip Code)  (City/State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
SANJAY KHATRI at (407) 660-2220 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

## 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.

The name of the limited liability company is:	FLORIDA HOME EQUITY, LLC
2. The mailing address of the limited liability compar	ny is : 1001 N. LAKE DESTINY DR., SUITE 143
	MAITLAND, FL 32751
9/13/2005	405000090086
3. Date of filing/registration in Florida	4. Document number
<ol><li>The name of the registered agent and the registered Florida Department of State:</li></ol>	office address as shown on the records of the
CORPORATION SERVI	
Nan IZOI HAVS STRE	
<u>  1201 Hays Stre</u> Addr	
TALLA HASSEE, FA	2 3230 / Sand Zin
6. The name and address of the new registered agent a	
o. The name and address of the new registered agent a	major office.
SANJAY KHATR Name	<u> </u>
Name 1001 N. LAKE DEST	IN DR. SWITE ING
Florida street address (P.C	
MAITLAUD : ET	3≥75/ 30: 30: 30: 30: 30: 30: 30: 30: 30: 30:
MAITLAND, FL City, State a	nd Zip
If the limited liability company is not organized under confirmed that after the change or changes are made, to and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com	the Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member)	<del></del>
SAMTAY KHATRI (Printed or typed hame of signee)	
I hereby accept the appointment as registered agent a comply with the proylcions of all statutes relative to the angle of the obligations of miliar with end accept the obligations of miliar with end accept the obligations of miliar that the limited liability coming the complete of the	and agree to act in this capacity. I further agree to e proper and complete performance of my duties, by position as registered agent as provided for in o merely reflect a change in the registered office epany has been notified in writing of this change.
Signature of Refineded Agent)	
Division of Corporations, P.O. Bo	x 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**