

W05000096744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W05-96744

(Document Number)

Certified Copies _____ Certificates of Status _____

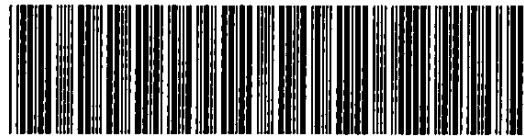
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

GILLIGAN, KING, GOODING & GIFFORD, P.A.

PATRICK G. GILLIGAN
W. JAMES GOODING III
WILLIAM ALLAN KING
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ATTORNEYS AT LAW
1531 SOUTHEAST 36TH AVENUE
OCALA, FLORIDA 34471

TELEPHONE (352) 867-7707
FACSIMILE (352) 867-0237
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November 17, 2006

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Reserves at Heathbrook, LLC
Document Number: L05000096744

Dear Sir or Madam:

Enclosed please find an application to change the Registered Agent in the above referenced matter along with my trust check for filing fees.

I also request that you please change the principal and mailing address of the Reserves at Heathbrook, LLC to the following:

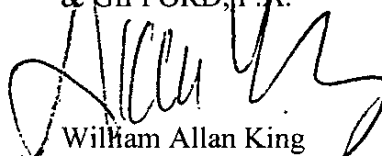
Principal address: 9880 SW 84th Court, Suite A
Ocala, Florida 34481

Mailing address: 9880 SW 84th Court, Suite A
Ocala, Florida 34481

Should you have any questions do not hesitate to contact me.

Sincerely,

GILLIGAN, KING, GOODING
& GIFFORD, P.A.



William Allan King

WAK/jd

Enclosures: Registered Agent change form
Trust check

cc: Joseph A Colyer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Reserves at Heathbrook, 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:

William Allan King, Esquire
(Name of Person)

Gilligan, King, Gooding & Gifford, PA
(Firm/Company)

1531 SE 36th Avenue
(Address)

Ocala, FL 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

William Allan King, Esquire at (352) 867-7707
(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: The Reserves at Heathbrook, LLC

2. The mailing address of the limited liability company is : 10739 Deerwood Park Boulevard,
Suite 200A, Jacksonville, FL 32256

09/30/2005

L05000096744

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:

Douglas R Maxwell

Name

10739 Deerwood Park Boulevard, Suite 200A

Address

Jacksonville, FL 32256

City, State and Zip

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

William Allan King, Esquire

Name

1531 SE 36th Avenue

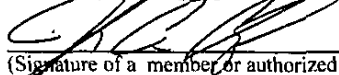
Florida street address (P.O. Box **NOT** acceptable)

Ocala, FL 34471

City, State and Zip

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TALLAHASSEE FLORIDA

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.

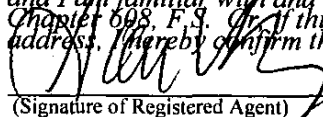


(Signature of a member or authorized representative of a member)

Joseph Colyer

(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. 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