

LD5000100448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

L. SELLERS

FEB 17, 2010

EXAMINER

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10 FEB 16 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & V VILLAS APARTMENTS, 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:

ANDREEA TIMBAL

Name of Person

Firm/Company

7358 140TH AVE N

Address

WEST PALM BEACH, FL 33412

City/State and Zip Code

nissx5@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREEA TIMBAL

Name of Person

at (561)

389-9220

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2010

ANDREEA TIMBAL
7958 140TH AVENUE N.
WEST PALM BEACH, FL 33412

SUBJECT: L & V VILLAS APARTMENTS, LLC
Ref. Number: L05000100448

We have received your document for L & V VILLAS APARTMENTS, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 810A00002358

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. Name of the limited liability company: L & V VILLAS APARTMENTS, LLC

2. (a) Principal office address of limited liability company: L&V VILLAS APARTMENTS, LLC

☒ (Note: **MUST BE STREET ADDRESS**)

4413 MELVIN ROAD
LAKE WORTH, FL 33461

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

L&V VILLAS APARTMENTS, LLC
4413 MELVIN ROAD
LAKE WORTH, FL 334361

10/12/2005

L05000100448

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

FILINGS, INC.

Registered Office Address:

3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

ANDREEA TIMBAL

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

7958 140TH AVE N.

WEST PALM BEACH, FL 33412

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.

Livia Maris
Signature of a member or authorized representative of a member

LIVIA MARIS - MGRM
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

Andreea Timbal
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
10 FEB 16 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL