L05000101416

(Pa	auastara Nama)					
(Requestor's Name)						
(Ad	dress)					
(Address)						
(City/State/Zip/Phone #)						
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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Office Use Only



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2015 SEP -4 PN 3: 46

. COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corpor	ations				
SUBJECT: LR Develop	LR Development, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered A	gent/Registered Office	Change and fee	e(s) are submitted for filing.		
Please return all correspond	dence concerning this n	natter to the fol	lowing:		
Wendy Deming					
Na	me of Person				
Gulf Coast Community	Foundation				
Fi	m/Company				
601 Tamiami Trail Sou	ith				
	Address				
Venice, FL 34285					
City/S	tate and Zip Code				
wdeming@gulfcoastcf	.org				
E-mail address: (to b	e used for future annua	report notifica	tion)		
For further information con	ncerning this matter, pl	ease call:			
Wendy Deming		941 at (486-4611		
Name of P			Area Code & Daytime Telephone Number		
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, Florid	enter Circle	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following amount:					
□ \$25 Filing Fee		355 1	Filing Fee & Certified Copy		



RECEIVED

FLORIDA DEPARTMENT OF STATE STORE JARY OF STATE JALLAHASSEE, FLORIDA

July 20, 2015

WENDY DEMING 601 TAMIAMI TRIAL SOUTH VENICE, FL 34285

SUBJECT: L R DEVELOPMENT, LLC

Ref. Number: L05000101416

We have received your document for L R DEVELOPMENT, LLC and your check(s) totaling \$315.00. 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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 415A00015107

STATEMENT OF CHANGE OF REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: <u>LR</u> D	revelop	ment LL	2
2. (a)		(d)_/1 <u>t_</u>	Sance	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO	
	Venice, FL 34285			
_	10/13/2005		L05000101	
 (a) 	Date of filing/registration in Florida	4.	Document number	r
3. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	SOUT ADDRESS)	A	2015 SEP SECRETA WALLAHAS
	Venice, FL	3478	35	SEE PLANT -4 PM
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Vendric Office address:	1.LLP	1 3 46 STATE LORIDA
	NEW Registered Office Address:	Ave, lot	n Floor	37
	Sarasota , FL	3423	<u> </u>	
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business only, it is hereby confirmed iability company or as ot	office of the registered that the change(s)
Signa	ture of a member of authorized representative of a member		Printed of typed name	e of signee
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I de in writing of this change.	ree to act in the performance of d for in Chapte hereby confirm	is capacity. I further agr of my duties, and I am fa er 605, F.S. Or, if this d a that the limited liability	ree to comply with the miliar with and accept ocument is being filed ocompany has been
Signal) Managh			
Signatu	Division of Corporations P.O. I	20v 63374 T-	llahassaa El 22214	