

# L05000103095

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
WILDWOOD GOLF, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

10 OCT 14 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 15 2010

Hel EXAMINER

Electronic Filing Menu Corporate Filing Menu

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wildwood Golf, 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:

Susan C. Conley

Name of Person

Federal Deposit Insurance Corporation

Firm/Company

7777 Baymeadows Way West

Address

Jacksonville, FL 32256

City/State and Zip Code

sconley@FDIC.gov

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

For further information concerning this matter, please call:

Monica Cosentino-Benedict, Esq

Name of Person

at ( 904 )

256 3731

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

FILED  
2010 OCT 14 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Wildwood Golf, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

3870 COASTAL HIGHWAY  
CRAWFORDVILLE, FL 32327

(b) Mailing address of limited liability company: PO BOX 610



(Note: **MAY BE POST OFFICE BOX**)

CRAWFORDVILLE FL 32326

10/19/2005

L05000103095

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: DODSON, WALTER C

Registered Office Address: 2932 CRAWFORDVILLE HWY  
CRAWFORDVILLE FL 32327

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

**NEW Registered Agent:** C T Corporation System

**NEW Registered Office Address:** 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)** Plantation, FL 33324

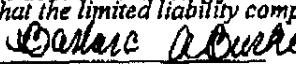
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Mark E. Malco, Manager

Printed or typed name of signer

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.

By: C T Corporation System   
Signature of Registered Agent

Barbara A. Burke  
Special Assistant Secretary

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