

# L05000113652

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

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2009 MAY 14 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 15, 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2009

TOMMY T. PEACOCK  
SEMINOLE GARDENS LLC  
8275 113TH ST N  
SEMINOLE, FL 33772

SUBJECT: PEACOCK PROFESSIONAL PARK, LLC  
Ref. Number: L05000120467

We have received your document for PEACOCK PROFESSIONAL PARK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document number does not match the name you have on the document.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 009A00015408

**PAID**  
42357

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEMINOLE GARDENS 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:

TOMMAY T PEACOCK  
(Name of Person)

SEMINOLE GARDENS LLC  
(Firm/Company)

8275 113TH ST N  
(Address)

SEMINOLE, FL 33772  
(City/State and Zip Code)

For further information concerning this matter, please call:

TOMMAY T PEACOCK at ( 727 ) 397-2534  
(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. Name of the limited liability company SEMINOLE GARDENS LLC

2. (a) Principal office address of limited liability company. 8275 113TH ST N  
(Note: **MUST BE STREET ADDRESS**) SEMINOLE, FL 33772

(b) Mailing address of limited liability company: 8275 113TH ST N  
(Note: **MAY BE POST OFFICE BOX**) SEMINOLE, FL 33772

12/19/2005

3. Date of filing/registration in Florida

-L05000120467- L05000113652  
4. Document number

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

Registered Agent: TAYLOR, ERIC J

Registered Office Address: 101 E KENNEDY BLVD, STE 2700  
TAMPA, FL 33602 US

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

**NEW** Registered Agent: TAYLOR, ERIC J

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**) SEMINOLE GARDENS LLC  
8275 113TH ST N  
SEMINOLE FL 33772

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.

Tommay T Peacock  
(Signature of a member or authorized representative of a member)

TOMMAY T PEACOCK  
(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. 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.

Tommay T Peacock  
(Signature of Registered Agent)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA