L05000113652

· (Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
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SECRETARY OF STATE

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.

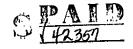
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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



4.

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SEMINOLE GARDENS L	LC	
	f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Pléase return all correspondence concerning t	his matter to the following:	
TOMMAY T PEACOCK		
(Name of Person)		
SEMINOLE GARDENS LLC		
(Firm/Company)	•	
8275 113TH ST N	transpropriese, and appropriate to the first of the section of the	
(Address)		
SEMINOLE, FL 33772		
(City/State and Zip Code)		
For further information concerning this matte	r, 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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, rionaa sasim	
Enclosed is a check for the following		
🗴 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

SSATEMENT 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 (Note: MUST BE STREET ADD	
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE)	
12/19/2005	- <u>L05000120467-</u> <u>L05000113653</u>
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:	TAYLOR, ERIC J
Registered Office Address:	101 E KENNEDY BLVD, STE 2700 TAMPA, FL 33602 US
NEW Registered Office Address: (MUST BE FLORIDA STREET)	TAYLOR, ERIC J SEMINOLE GARDENS LLC 8275 113TH ST N
that after the change or changes are made.	SEMINOLE mized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business cal. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
TOMMAY T PEACOCK (Printed or typed name of signee)	ered agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, and I so of my position as registered agent as provided for in Chapter 608, nerely reflect a change in the registered office address, I hereby has been notified in writing of this change.
	tions, P.O. Box 6327, Tallahassee, FL 32314

INHS18 (05/08)