

LD60000001784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LS

Office Use Only



600106548996

08/06/07--01023--002 **25.00

FILED
2007 AUG -6 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSOLIDATED DEVELOPMENT, 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:

STEPHANIE TERRILL
(Name of Person)

(Firm/Company)

9885 LAKE DISTRICT LANE
(Address)

ORLANDO, FL 32832
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE TERRILL at (904) 705-1195
(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

Consolidated Development, LLC
a Florida limited liability company

August 3, 2007

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: CONSOLIDATED DEVELOPMENT, LLC
Document Number: L06000001784

Dear Sir/Madam:

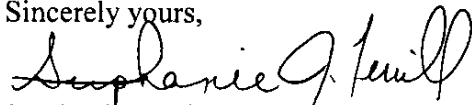
Enclosed please find the following items for the above-referenced limited liability company:

1. Change of Registered Agent form.
2. Check for \$25.00 to file Change of Registered Agent form.
3. Resignation of Member, Managing Member, or Manager form.
4. Check for \$25.00 to file Resignation of Member, Managing Member, or Manager form.

Please file the enclosed documents and return confirmation of filing in the enclosed prepaid Federal Express envelope.

Thank you in advance for your prompt attention to this matter. Please call me at 904-705-1195 with any questions or concerns.

Sincerely yours,



Stephanie Terrill
for Meredith Rosser

Enclosures

**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. The name of the limited liability company is: CONSOLIDATED DEVELOPMENT, LLC

2. The mailing address of the limited liability company is : 7921 INDIANHOUSE LANE

GROVELAND, FL 34736

01/05/2006

106000001784

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

TERRILL, STEPHANIE J

Name

5479 VINELAND ROAD, UNIT 9102

Address

ORLANDO, FL 32811

City, State and Zip

6. The name and address of the new registered agent and/or office:

NICHOLAS DARENEAU, ESQ.

Name

2410 WEST AZEELE ST., #232

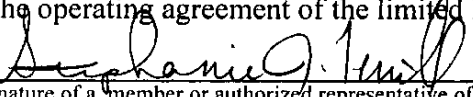
Florida street address (P.O. Box **NOT** acceptable)

TAMPA

FL 33609

City, State and Zip

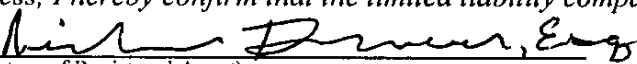
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida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

STEPHANIE TERRILL

(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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2007 AUG -6 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA