

106000009519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

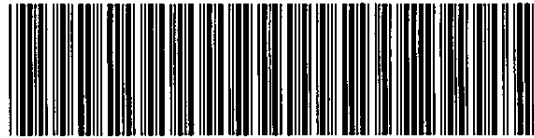
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T. CLINE

APR 23 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2008

MICHELE DIGLIO-BENKIRAN
1999 WEST COLONIAL DRIVE, STE 204
ORLANDO, FL 32804

SUBJECT: COLLEGE PARK POINTE, LLC
Ref. Number: L06000009519

We have received your document for COLLEGE PARK POINTE, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 208A000206

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BENKIRAN & ASSOCIATES, P.A.
ATTORNEYS AT LAW

April 2, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: College Park Pointe, LLC
Statement of Change of Registered Office or Registered Agent Or Both For
Limited Liability Company
Document # L06000009519

To Whom It May Concern:

In connection with the above referenced matter, attached hereto please find the following:

1. Form "Statement of Change of Registered Office or Registered Agent Or Both for Limited Liability Company";
2. Cover Letter; &
3. Check #16738 payable to the Division of Corporations for \$25.00 representing filing fees associated with the above named document.

Please file said document in the state records promptly. Feel free to contact our office with any questions or concerns.

Thank you for your assistance in this matter.

Sincerely,



Michele Diglio-Benkiran, Esq.

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: College Park Pointe, 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:

Michele Diglio-Benkiran, Esq.
(Name of Person)

Benkiran & Associates, P.A.
(Firm/Company)

1999 W. COLONIAL DR #204
(Address)

Orlando, FL 32804
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Michele Diglio-Benkiran at (407) 581-2565
(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

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**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: College Park Pointe, LLC
2. The mailing address of the limited liability company is: 2420 Lynx Lane
Orlando, FL 32804

- 01/26/2006 3. Date of filing/registration in Florida L06000009519 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:

Chuck McNulty
Name
442 Timber Ridge Dr.
Address
Longwood, FL 32779
City, State and Zip

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

SCOTT L. CARMONA
Name
2420 LYNX LANE
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32804
City, State and Zip

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TALLAHASSEE, FLORIDA

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.

Scott L. Carmona
(Signature of a member or authorized representative of a member)

SCOTT CARMONA
(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.

Scott L. Carmona
(Signature of Registered Agent)

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