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(Requestor's Name) (Address) (Address)	000166256180
(City/State/Zip/Phone #)	02/04/1001020010 **25.00
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i.

TO: **Registration Section Division of Corporations** 

## **TILDEN ROYAL PALMS, LLC** SUBJECT:

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:

**DARRYN TILDEN** 

Name of Person

Firm/Company

1850 BRIGHTWATERS BLVD NE

Address

ST PETERSBURG, FL 33704

City/State and Zip Code

BERFORDT@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

DARRYN TILDEN Name of Person

727

at (

895-5986 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:



\$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:	TILDEN ROYAL PALMS, LLC
2. (a) Principal office address of limited liability com	pany: TILDEN ROYAL PALMS, LLC
- [✓] - ( <u>Note: MUST BE STREET ADDRESS</u> )	1850 BRIGHTWATERS BLVD NE ST PETERSBURG, FL_33704
(b) Mailing address of limited liability company:	TILDEN ROYAL PALMS, LLC
<u> </u>	1850 BRIGHTWATERS BLVD NE ST PETERSBURG, FL 33704
02/28/2006	L06000021990
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:	
Registered Office Address:	305 SOUTH BLVD TO
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Office address</b> :	
NEW Registered Agent:	DARRYN TILDEN
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1850 BRIGHTWATERS BLVD NE ST PETERSBURG ,FL 33704
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com Signature of a member or authorized representative of a member	identical. Or, in the case of a Florida limited ige(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization

DARRYN TILDEN

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 Tam 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 truited 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