

L06000030509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE

2013 JAN 28 PM 12:00

FILED

J. SAULSBERRY
EXAMINER
JAN 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Latitudes Realty of Florida, 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:

Cynthia McQuaig

Name of Person

Latitudes Realty

Firm/Company

P. O. Box 15819

Address

Panama City, Florida 32406

City/State and Zip Code

Cynthia@LatitudesRealty.com

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

For further information concerning this matter, please call:

Cynthia McQuaig

Name of Person

at (850) 522-6000

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

RECEIVED
TALLAHASSEE, FLORIDA
JAN 28 2013

2013 JAN 28 PM 12:00

FILED

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: Latitudes Realty of Florida, LLC.

2. (a) Principal office address of limited liability company: 848 Jenks Avenue
Panama City, Florida 32401
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: P. O. Box 15819
Panama City, Florida 32406
(Note: MAY BE POST OFFICE BOX)

03/22/2006

3. Date of filing/registration in Florida

4. Document number

L06000030509

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

Registered Agent: Cynthia McQuaig

Registered Office Address: P. O. Box 15819
Panama City, Florida 32406

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

NEW Registered Agent: _____

NEW Registered Office Address: 747 Jenks Avenue
(MUST BE FLORIDA STREET ADDRESS) Suite "C"
Panama City, FL 32401

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

Cynthia McQuaig

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