

LOG000049783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

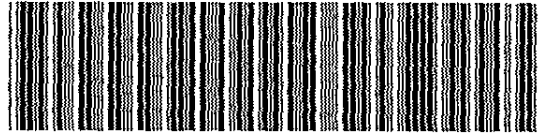
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRESCOTT FAMILY RANCH, LLC
(Name of Corporation)

DOCUMENT NUMBER: L06000049783

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOM W. CONELY, III
(Name of Contact Person)

CONELY & CONELY, P.A.
(Firm/Company)

P.O. Drawer 1367
(Address)

Okeechobee, Florida 34973
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

TOM W. CONELY, III at (863) 763-3825
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2006

TOM W. CONELY, III
CONELY & CONELY, P.A.
P.O. DRAWER 1367
OKEECHOBEE, FL 34973

SUBJECT: PRESCOTT FAMILY RANCH, LLC
Ref. Number: L06000049783

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PRESCOTT FAMILY RANCH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 006A00042966

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRESCOTT FAMILY RANCH, 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:

Tom W. Conely, III
(Name of Person)

Conely & Conely, P.A.
(Firm/Company)

P. O. Drawer 1367
(Address)

Okeechobee, Florida 34973
(City/State and Zip Code)

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2006 JUL 20 P 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tom W. Conely, III at (863) 763-3825
(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

**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: PRESCOTT FAMILY RANCH, LLC
2. The mailing address of the limited liability company is: 1700 N.W. 127th Avenue,
Okeechobee, Florida 34972

05/15/06
3. Date of filing/registration in Florida

L06000049783
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:

JAMES E. PRESCOTT, JR.

Name

1700 N.W. 127th Avenue

Address

Okeechobee, FL 34972

City, State and Zip

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

RHONDA GAIL NORMAN

Name

1002 S.W. 24th Avenue

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

Okeechobee FL 34974

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.

Rhonda Gail Norman

(Signature of a member or authorized representative of a member)

RHONDA GAIL NORMAN

(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.

Rhonda Gail Norman

(Signature of Registered Agent)

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

FILED
2006 JUL 20 P 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA