

106000054228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

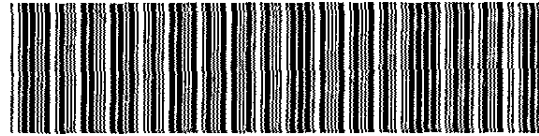
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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106-54228

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 124 HOPE CIRCLE 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:

LATASHA PROCTOR
(Name of Person)

124 HOPE CIRCLE LLC
(Firm/Company)

2451 MONTE CRISTO WAY
(Address)

SANFORD FL 32771
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LATASHA PROCTOR at (407) 468-0573
(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

INHS18 (8/05)

*
↳ Sent \$35 (rec'd 9/25/07)

Please mail refund of \$10. Thanks



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2007

LATASHA N. PROCTOR
2451 MONTE CRISTO WAY
SANFORD, FL 32771

SUBJECT: 124 HOPE CIRCLE, LLC
Ref. Number: L06000054228

We have received your document for 124 HOPE CIRCLE, 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 of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 307A00056226

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: 124 HOPE CIRCLE LLC
2. The mailing address of the limited liability company is: 2451 MONTE CRISTO WAY
SANFORD, FL 32771
3. Date of filing/registration in Florida: 5/25/06
4. Document number: # L060000054228

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

LAURA PROCTOR
Name
1249 N. ORANGE AVE.
Address
ORLANDO FL 32804
City, State and Zip

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

JOHNNY COOPER
Name
2451 MONTE CRISTO WAY
Florida street address (P.O. Box NOT acceptable)
SANFORD FL 32771
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.

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

LATASHA PROCTOR
(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]
(Signature of Registered Agent)

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