

LDL000059725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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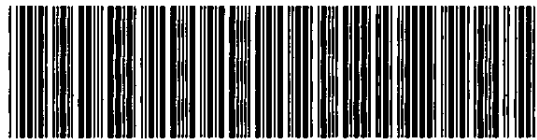
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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV 30 PM 2:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Condominium Management
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:

D. CRIVER
Name of Person

Quality Condominium Management
Firm/Company

4536 S. Clyde Morris Blvd
Address

PORT ORANGE, FL 32129
City/State and Zip Code

dcriver36@cfi.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. CRIVER at (286) 986-8179
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. Name of the limited liability company: Quality Condominium Management
2. (a) Principal office address of limited liability company: 4536 S. Clyde Morris Blvd
☒ (Note: **MUST BE STREET ADDRESS**) PORT ORANGE, FL 32129

(b) Mailing address of limited liability company:
☐ (Note: **MAY BE POST OFFICE BOX**)

06/12/2006
3. Date of filing/registration in Florida

SAME
L06000059725
4. Document number

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

Registered Agent:

JEFF BLOCKER

Registered Office Address:

4536 S. Clyde Morris Blvd
PORT ORANGE, FL 32129

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

NEW Registered Agent:

DAVID CRINER

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4536 S. Clyde Morris Blvd
PORT ORANGE, FL 32129

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.

David Criner
Signature of a member or authorized representative of a member

DAVID CRINER
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.

David Criner
Signature of Registered Agent

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