

L06000064754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 OCT 11 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 12 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONCH HOUSE 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:

LORRAINE MACLEOD  
Name of Person

Firm/Company

14020 Summersville Place  
Address

Davie, FL 33325  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lorraine MacLeod at ( 954 ) 895-3818  
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

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TALLAHASSEE, FLORIDA

*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.*

- Davie, FL 33325

2131 Hollywood Blvd., STE 207  
Hollywood, FL 33020

- INHS18 (05/08)