## L06000072175

(Re	questor's Name)	· • • • • • • • • • • • • • • • • • • •
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· · (Bu	siness Entity Nar	ne)
··· (Do	cument Number)	
ertified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200158871912

07/30/09--01046--008 \*\*25.00

O9 JUL 30 AM II: 24
SECRETARY OF STATE

J. BRYAN

JUL 31 2009

**EXAMINER** 

## **COVER LETTER**

**Division of Corporations** Peerless Properties, LLC. **SUBJECT:** 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: Darren M. York Name of Person Peerless Properties, LLC. Firm/Company 105 Laurel Oak Drive Address Longwood, FL 32779 City/State and Zip Code darrenmyork@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Darren M. York Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

Registration Section

## 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.

Name of the limited liability company:	Peerless Properties, LLC.
2. (a) Principal office address of limited liability co	ompany: 105 Laurel Oak Drive
(Note: MUST BE STREET ADDRESS)	Longwood, FL 32779
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	:
(Note: MAY BE POST OFFICE BOX)	
07/18/2006	L06000072175
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Darren M. York
Registered Office Address:	10103 Bunker Road From Leesburg, FL 34788
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :	or NEW Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	105 Laurel Oak Drive
(MOST DE L'ESTE STREET MODRESSE	Longwood ,FL32779
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability co	e, the Florida street address of the registered office the identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote
Darren M. York Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability consignature of Registered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.

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