## L06000077035

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	÷#)			
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations			
SUBJECT: HT Properties, LLC			
(Name of L	imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
·.,			
Sean E. Hengesbach			
(Name of Person)			
HT Properties, LLC			
(Firm/Company)			
5438 Spring Hill Drive			
(Address)	,		
Spring Hill, FL 34606 (City/State and Zip Code)			
(Chy/State and Zip Code)			
For further information concerning this matte	r, please call:		
Sean E. Hengesbach	at ( 352 ) 683 1963		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section		
Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Englosed 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 section's 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 con	npany is: <u>HT Pr</u>	operties LLC	·
2. The mailing add	lress of the limited lia	ability company i	s: 5438 Spring Hill I	rive,
Spring Hill, 1	FL 34606			
08/04/06			L06000077035	
3. Date of filing/re	gistration in Florida		4. Document number	
5. The name of the Florida Department	registered agent and ent of State:	the registered off	ice address as shown on the	records of the
•	J. Todd Ta	ylor		
	5438 Spring	Name		
	7430 BPIING	Address		07 07
	Spring Hill	, FL 34606		ECRETARY SION OF O
		City, State and	Zip	P 757
6. The name and ad	dress of the new reg	istered agent and/	or office:	
	Sean E. Hen	gesbach		FOR STANS
	5438 Spring	Name		CORPORATIONS
	Florida stree	t address (P.O. B	ox NOT acceptable)	*,;
	Spring Hil	1 FL	34606	
٠.		City, State and	Zip	_
confirmed that after and the business of liability company, of the members of or the operating agr	the change or chang fice of the registered t is hereby confirmed	es are made, the agent will be iden that the change ompany or as oth liability compar	laws of the State of Florida Florida street address of the Intical. Or, in the case of a Fl s) was/were authorized by an erwise provided in the article by.	registered office orida limited 1 affirmative vote
<i>(</i>		•		
(Printed or typed name of	-			•
I hereby accept the comply with the pro and I am familiar w Chapter 608, F.S. ( address, I hereby co	appointment as regionisions of all statute of the old in the old of the old o	stered agent and s relative to the p pligations of my p is being filed to m d liability compa	agree to act in this capacity. roper and complete perform osition as registered agent a erely reflect a change in the ny has been notified in writin	I further agree to ance of my duties, s provided for in registered office ng of this change.
(Signature of Registered	Agent)	<del></del>	٠	
I	Division of Corporat	tions, P.O. Box 6	327, Tallahassee, FL 32314	4

**FILING FEE: \$25.00** 

INHS18 (8/05)