

LO6000104523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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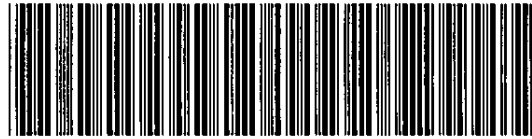
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 NOV 14 AM 10:38

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OK 11/26



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 316771 7255924

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 13, 2007

ORDER TIME : 4:23 PM

ORDER NO. : 316771-005

CUSTOMER NO: 7255924

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: PALMS REALTY II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2007

KATHY DRAKE
CSC
TALLAHASSEE, FL

SUBJECT: PALMS REALTY II, LLC
Ref. Number: L06000104523

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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PALMS REALTY II, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The R.A. change was supposed to have been filed within 60 days of the R.A. resignation. When that didn't happen, the company was administratively dissolved on 10/17/2007.

So in addition to the R.A. change and the \$25.00 payment for that, the company will have to submit a completed REINSTATEMENT form and a payment of \$100 for this form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 207A00065817

RESUBMIT
Please give original
submission date as file date.

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: Palms Realty II, LLC.
2. The mailing address of the limited liability company is: 10175 Fortune Parkway
Suite #1006, Jacksonville, FL 32256
- 10-26-2006 606000104523
3. Date of filing/registration in Florida 4. Document number

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

State. John F. Tolson JR.
Name
462 Kingsley Avenue Suite #101
Address
Orange Park FL 32073
City, State and Zip

07 NOV 1
TALLA
SECRET
FILE

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

Kenneth Boatright
Name
10175 Fortune Parkway Suite #1006
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32256
City, State and Zip

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.

Kenneth Bontemps
(Signature of a member or authorized representative of a member)

Kenneth Boatright
(Printed or typed name of signer)

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 of Registered Agent)

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