

LO7000022771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



COPY

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2016

PAMELA SONNE  
CHOSEN PROPERTIES LLC  
2110 N DONNELLY STREET STE 102  
MOUNT DORA, FL 32757

SUBJECT: CHOSEN PROPERTIES LLC  
Ref. Number: L07000022771

We have received your document for CHOSEN PROPERTIES LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 116A00023886

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHOSEN PROPERTIES LLC  
Name of Limited Liability Company

12/29/2016

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:

**PAMELA SONNE**

Name of Person

**CHOSEN PROPERTIES LLC**

Firm/Company

**2110 N DONNELLY STREET, SUITE 102**

Address

**MOUNT DORA, FL 32757**

City/State and Zip Code

**pamela@expertrealestateadvisors.com**

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

For further information concerning this matter, please call:

**PAMELA SONNE** at ( 352 ) 729-9274  
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  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: CHOSEN PROPERTIES LLC
2. (a) CHOSEN PROPERTIES LLC (b) CHOSEN PROPERTIES LLC
- Principal office address of limited liability company: Mailing address of limited liability company:
- (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 2110 N DONNELLY STREET, SUITE 102 2110 N DONNELLY STREET, SUITE 102
- MOUNT DORA, FL 32757 MOUNT DORA, FL 32757
- 02/28/2007 L07000022771
3. Date of filing/registration in Florida 4. Document number

5. (a) EDWARD C WORKINGER, JR.
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

244 BLUE BRANCH STREET

EUSTIS, FL 32236

- (b) EDWARD C WORKINGER, JR.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2110 N DONNELLY STREET, SUITE 102

MOUNT DORA, FL 32757

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.

Edward C Workinger  
Signature of a member or authorized representative of a member

EDWARD C WORKINGER

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 605, 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.*

Edward C Workinger  
Signature of Registered Agent

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