

W7 000038301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

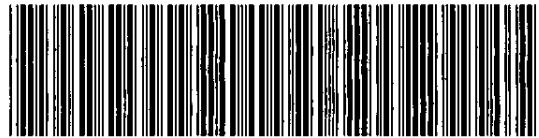
(Business Entity Name)

(Document Number)

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T. CLINE

APR 17 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

PATRICIA BARRETO
1130 W. FAIRY CHASM RD
RIVER HILLS, WI 53217

SUBJECT: SUN PH 55, LLC
Ref. Number: L07000038301

We have received your document for SUN PH 55, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 509A00010774

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN PH 55 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:

David Spezza
(Name of Person)

Equity Partners Real Estate, LLC
(Firm/Company)

1324 Seven Springs Blvd. #363
(Address)

New Port Richey, FL 34655
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Spezza at (727) 656-9867
(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

April 10, 2009

RE: Change of Registered Agent

Dear Sir or Madam:

I am returning the signed form to you. You requested the signature of the new Registered Agent. You already have my check number 9384, for \$25.00.

Regards,

A handwritten signature in black ink, appearing to be 'Patricia Barreto', with a long horizontal stroke extending to the right.

Patricia Barreto

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TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: SUN PH 55, LLC
2. (a) Principal office address of limited liability company: 1130 W. Fairy Chasm Rd
(Note: **MUST BE STREET ADDRESS**) River Hills, WI 53217
- (b) Mailing address of limited liability company: 1130 W. Fairy Chasm Rd
(Note: **MAY BE POST OFFICE BOX**) River Hills, WI 53217

04/02/2007

3. Date of filing/registration in Florida

L 07000038301

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of

Registered Agent:

CCRA Services, LLC

Registered Office Address:

2730 South A1A Highway

#124

Melbourne Beach, FL 32951

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

David Spezza

NEW Registered Office Address:

1324 Seven Springs Blvd.

(**MUST BE FLORIDA STREET ADDRESS**)

#363

New Port Richey, FL 34655

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.

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

Patricia Barreto

(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

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TALLAHASSEE, FLORIDA

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