

L070000046219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

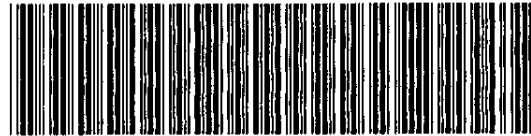
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TCRV Partners, LLC
Name of Corporation

DOCUMENT NUMBER: L07000046219

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Byrd K. Ison II
Name of Contact Person

Travel Country RV Center, Inc.
Firm/Company

530 SW Florida Gateway Drive
Address

Lake City, FL 32024
City/State and Zip Code

Barry@TravelCountryRV.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Griffin, Controller at (386) 752-3723
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2011

BYRD K. ISON II
TRAVEL COUNTRY RV CENTER, INC.
530 SW FLORIDA GATEWAY DRIVE
LAKE CITY, FL 32024

SUBJECT: TCRV PARTNERS, LLC
Ref. Number: L07000046219

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

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 011A00025697

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:

TCRV PARTNERS, LLC

2. (a) Principal office address of limited liability company:

530 SW FLORIDA GATEWAY DR.
LAKE CITY, FL 32024

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

530 SW FLORIDA GATEWAY DR.
LAKE CITY, FL 32024

(Note: MAY BE POST OFFICE BOX)

5/1/07

3. Date of filing/registration in Florida

L07000046219

4. Document number

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

Registered Agent:

RONALD K. FLEMING

Registered Office Address:

530 SW FLORIDA GATEWAY DR.
LAKE CITY, FL 32024

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

NEW Registered Agent:

BYRON K. ISON II

NEW Registered Office Address:

530 SW FLORIDA GATEWAY DR.

(MUST BE FLORIDA STREET ADDRESS)

LAKE CITY, FL 32024

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

BYRON K. ISON II

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