L07000050363

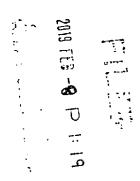
(Requestor's Name)		
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COVER LETTER

Division of Corporations	•
CLR PROPERTIES, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Carrie L Ruettiger	
Name of Person	
CLR PROPERTIES, LLC	
Firm/Company	
40 Crestwood Dr	
Address	
Joliet, IL 60432	
City/State and Zip Code	
carrie_ruettiger@hotmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ise call:
Carrie L Ruettiger	708 5573974
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 amo	ount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	



January 24, 2019

CARRIE L RUETTIGER 40 CRESTWOOD DR JOLIET, IL 60432

SUBJECT: CLR PROPERTIES, LLC Ref. Number: L07000050363

We have received your document for CLR PROPERTIES, 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):

A member or authorized representative must sign the document.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 819A00001760

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.

I. Na	ame of the limited liability company:	THES, LLC	-
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida Carrie L Ruettiger Registered Agent and Registered Office shown on the records of the	4. he Florida Dept. of S	Document number
	Registered Office Address (MUST BE FLORIDA STREET A 16586 NW 205th St	DDRESS ₁	<u> </u>
	High Springs , FL	32643	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	
	NEW Registered Office Address:		<u> </u>
	7612 NW 172nd St Alachua	22615	
the cha agent w was/we the artig	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability. The following the company is not organized to the liability of a member of authorized representative of a member.	he registered offi bility company, i the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in company.
Signat	ure of a member of authorized representative of a member		Printed or typed name of signee
tu	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in this co verformance of m for in Chapter 6 vereby confirm the	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been