

LD70000069487

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11 OCT 28 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**POSTED**

**SUBJECT:** JULIETTE FALLS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P07000076713

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:

SHERMAN D. LENSKE, Esq.  
Name of Contact Person

LENKE, LENKE & ABRAMSON  
Firm/Company

6400 Canoga Avenue, Suite 315  
Address

Woodland Hills, CA 91367  
City/State and Zip Code

rwengel@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherman D. Lenske, Esq. at ( 818 ) 716-1444  
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

**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: JULIETTE FALLS GOLF COURSE, LLC

2. (a) Principal office address of limited liability company: 17985 S.W. 64th Place

(Note: **MUST BE STREET ADDRESS**)

Dunnellon, Florida 34432

(b) Mailing address of limited liability company: 17985 S.W. 64th Place

(Note: **MAY BE POST OFFICE BOX**)

Dunnellon, Florida 34432

July 2, 2007

L07000069487

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

JEFFREY C. FINKE

Registered Office Address:

17985 S.W. 64th Place

Dunnellon, Florida 34432

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

**NEW** Registered Agent:

RONALD CLAPPER

**NEW** Registered Office Address:

6821 Danah Court

**(MUST BE FLORIDA STREET ADDRESS)**

Fort Myers, FL 33908

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 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

RONALD CLAPPER

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

RONALD CLAPPER

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00