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OF COUNSEL:

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** ALSO ADMITTED IN FLORIDA

*** ALSO ADMITTED IN PENNSYLVANIA

WRITER'S EMAIL: dmarkowitz@tddlaw.com

November 13, 2024

Via Overnight UPS Mail Tracking No. 1Z37830W0193517948

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Ella Grace Estates, LLC
Registered Agent/Registered Office Change

Dear Sir/Ms:

Enclosed for processing is Form INHS18, Registered Agent/Registered Office Change for the Ella Grace Estates, LLC. Also enclosed is our check in the amount of \$55.00 for the filing fee and fee for certified copy. Please remit the certified copy to the undersigned. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Thrasher Dinsmore & Dolan

Dale H. Markowitz, Esq.

DHM/mp
Enc.

PLEASE REPLY TO: CHARDON OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELLA GRACE ESTATES, 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:

DALE H. MARKOWITZ

Name of Person

THRASHER DINSMORE & DOLAN, PA

Firm/Company

100 7TH AVENUE, SUITE 150

Address

CHARDON, OHIO 44024

City/State and Zip Code

dmarkowitz@tddlaw.com

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

For further information concerning this matter, please call:

Dale H. Markowitz

440
at ()

285-2242

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: ELLA GRACE ESTATES, LLC

2. (a) 100 7TH AVENUE, SUITE 150 (b) 100 7TH AVENUE, SUITE 150

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

CHARDON, OHIO 44024

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

CHARDON, OHIO 44024

7/23/2007

L07000075595

3. Date of filing/registration in Florida

4. Document number

5. (a) CLIFFORD I. HERTZ, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

360 SOUTH ROSEMARY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 1410

WEST PALM BEACH, FL 33401

(b) ELLEN McCREERY

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

5 ELDER DRIVE

NEW Registered Office Address:

HOMOSASSA, FL 34446

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.

Dale Markowitz

Signature of a member or authorized representative of a member

DALE H. MARKOWITZ

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.

Elle

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00