L07000083913

(Re	questor's Name)	
. (Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Day	siness Entity Nam	
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· (Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

T. HAMPTON

MAY - 7 2009

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations	
SUBJECT: LOV	e Hall Property 1 (Name of Li	L(, mited Liability Company)
Dear Sir or Madam:		
The enclosed Regist	ered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all cor	respondence concerning this	matter to the following:
Marilyn Lar	(Name of Person)	
Lake Hall F	voperty, U.C. (Firm/Company)	
83 West Pl	GZA DEL SOI (Address)	
Tslamorada	City/State and Zip Code)	
For further informat	ion concerning this matter, p	lease call:
	dner at ((305) 393 - 0249 (Area Code & Daytime Telephone Number)
Registration S Division of Co Clifton Buildi	orporations ng /e Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
_	a check for the following an	nount:
\$25 Filing	g 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 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: <u>lake Hall</u>	Property, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 83 West Plaza Del Sol	_
(Note: MOST DE STREET ADDRESS)	Islamorada, FL 33036	<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	83 West Plaza Del Sol	_
	Islamorada, FL 33036	_
8/16/07	L07000083913	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on		SECRETARY OF STATE DIVISION OF CORPORATIONS
Registered Agent:	- CO. (C. CO.) -	L OF
Registered Office Address:	152 Fontaine Dr.	' 22.4 5 28.0
	Tavernier, FL 33070	RPORAT
	7	· SELECTION OF THE PERSON OF T
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	w Registered Office address:	S
NEW Registered Agent:	Marilyn Lardner	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	83 West Plaza Del Sol	_
MOST BE PLORIDA STREET ADDRESS!	Islamoyada ,FL 33036	<u></u> <u>}_</u>
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the bus case of a Florida limited liability company, it by an affirmative vote of the members of the	iness is limited
(Signature of a member or authorized representative of a member)	_	
Karin Undback (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	ngree to act in this capacity. I further agree to oper and complete performance of my duties, as registered agent as provided for in Chapt change in the registered office address, I her d in writing of this change.	o , and I ter 608, eby

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