

LD7000011677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUN 05 2012  
L. SELLERS

Office Use Only



400235038614

05/14/12--01024--004 \*\*35.00

FILED  
12 JUN -4 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRASSROOTS TENNIS 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:

JACQUELIN TURPIE

Name of Person

GRASSROOTS TENNIS LLC

Firm/Company

706 FOXPOINTE CIRCLE

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

jacquie@grassrootstennis.net

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

For further information concerning this matter, please call:

JACQUELIN TURPIE at ( 561 ) 809 7799

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

NOTE: check # 409 in the amount of \$35<sup>00</sup> was sent 5.10.12. This check has been cashed. The previous check was sent in connection with



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2012

JACQUELIN TURPIE  
706 FOXPOINTE CIRCLE  
DELRAY BEACH, FL 33445

SUBJECT: GRASSROOTS TENNIS LLC  
Ref. Number: L07000116717

We have received your document for GRASSROOTS TENNIS 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) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 912A00014751

**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: GLASSROOTS TENNIS LLC
2. (a) Principal office address of limited liability company: 706 FOXPOINTE CIRCLE  
DELRAY BEACH, FL 33445  
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 706 FOXPOINTE CIRCLE  
DELRAY BEACH, FL 33445  
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 11.19.2007
4. Document number: L07000116717
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: JACQUELIN ~~THOMAS~~ THOMAS
- Registered Office Address: 706 FOXPOINTE CIRCLE  
DELRAY BEACH  
FL 33445
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: JACQUELIN TURPIE
- NEW Registered Office Address: 706 FOXPOINTE CIRCLE  
DELRAY BEACH  
FL 33445  
(MUST BE FLORIDA STREET ADDRESS)

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.

Jacquelin Turpie  
Signature of a member or authorized representative of a member

JACQUELIN TURPIE  
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 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.

Jacquelin Turpie  
Signature of Registered Agent

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

FILED  
JUN -4 PM 4:30  
TALLAHASSEE, FLORIDA