

L07000118921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

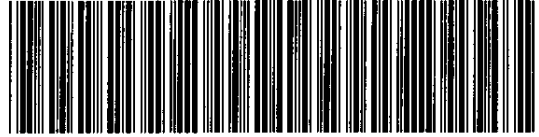
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 18 PM 12:00

T Hampton JAN 22 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ellen Cronin 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:

Ellen Cronin  
(Name of Person)

Ellen Cronin LLC  
(Firm/Company)

609 Kingston Way  
(Address)

Lady Lake, FL 32162  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ellen Cronin at ( 352 ) 751-7168  
(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

## Ellen Cronin LLC

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January 15, 2008

Ms. Tammy Hampton  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Subject: Ellen Cronin LLC  
Ref. Number: L07000118921  
Letter Number: 608A00001613

Ms. Hampton,

In reference to our telephone conversation of today, I have corrected the registered agent's name to The Millhorn Law Firm, L.L.C.

Please feel free to call me should have any questions. I may be reached at (352)751-7168.

Best regards,



Ellen Cronin



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 JAN 18 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 8, 2008

ELLEN CRONIN  
609 KINGSTON WAY  
LADY LAKE, FL 32162

SUBJECT: ELLEN CRONIN LLC  
Ref. Number: L07000118921

We have received your document for ELLEN CRONIN LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 608A00001613

**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. The name of the limited liability company is: Ellen Cronin LLC
2. The mailing address of the limited liability company is : 609 Kingston Way, Lady Lake, FL 32162

11/28/2007

L07000118921

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ellen Cronin

Name

609 Kingston Way

Address

Lady Lake, FL 32162

City, State and Zip

6. The name and address of the new registered agent and/or office:

The Millhorn Law Firm , L . L . C .

Name

13710 U.S. Hwy 441 Suite 100

Florida street address (P.O. Box **NOT** acceptable)

Lady Lake . FL 32159

City, State and Zip

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.

Ellen H. Cronin  
(Signature of a member or authorized representative of a member)

Ellen H. Cronin  
(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.*

[Signature]  
(Signature of Registered Agent)

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

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 18 PM 12:00