

W8 000012951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

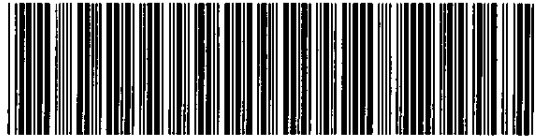
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

FEB 19 2008

EXAMINER

TK **Trenam Kemker**
ATTORNEYS

Please Reply to:
St. Petersburg, FL
lammons@trenam.com

February 13, 2008

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

Re: Ortega Sunset Lakes, LLC

Dear Sir or Madam:

I am enclosing the Statement of Change of Registered Office or Registered Agent for Ortega Sunset Lakes, LLC for filing with the Secretary of State. Please file upon receipt. Also enclosed is Check No. 061225 for \$25.00, which amount represents the filing fee. Please change the address as indicated.

If you have any questions, please call me.

Sincerely,



Lori L. Ammons
Legal Assistant

Enclosures (2)

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TALLAHASSEE, FL 32314

Department of State -change of address/Ortega-2352036v1

101 E. Kennedy Boulevard, Suite 2700
Tampa, Florida 33602
Tel: (813) 223-7474
Fax: (813) 229-6553

www.trenam.com

200 Central Avenue, Suite 1600
St. Petersburg, Florida 33701
Tel: (727) 896-7171
Fax: (727) 822-8048

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ortega Sunset Lakes, 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:

Lori L. Ammons
(Name of Person)

Trenam Kemker
(Firm/Company)

200 Central Avenue, Suite 1600
(Address)

St. Petersburg, FL 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori L. Ammons at (727) 824-6205
(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

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TALLAHASSEE, FLORIDA

**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: Ortega Sunset Lakes, LLC
2. The mailing address of the limited liability company is : 303 Oak Rose Lane
#102, Tampa, FL 33612

February 5, 2008

L08000012951

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:

Daniel Ortega

Name

303 Oak Rose Lane, #103

Address

Tampa, FL 33812

City, State and Zip

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

Daniel Ortega

Name

303 Oak Rose Lane #102

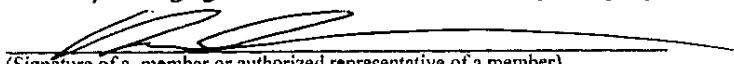
Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33612

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.


(Signature of a member or authorized representative of a member)

Daniel Ortega

(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 of Registered Agent)

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

2008 FEB 18 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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