

LO8 000031816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

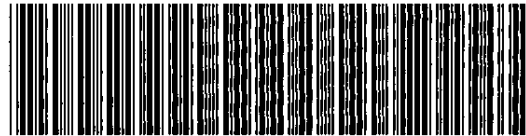
(Business Entity Name)

(Document Number)

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T. CLINE

SEP 17 2010

EXAMINER

FILED
2010 SEP 16 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2010

ELLEN BREAA
610 S. OWL DR
SARASOTA, FL 34236

SUBJECT: 627 ELEVENTH REALTY, LLC
Ref. Number: L08000031816

We have received your document for 627 ELEVENTH REALTY, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 610A0002114

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 627 Eleventh Realty 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 Bregg
Name of Person

627 Eleventh Realty LLC
Firm/Company

610 S OWL DR
Address

SARASOTA, FL 34236
City/State and Zip Code

ellenb9@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Bregg at (941) 955-0988
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. Name of the limited liability company: 627 Eleventh Realty LLC

2. (a) Principal office address of limited liability company: 610 S. OWL DR., SARASOTA FL 34234

☐ (Note: MUST BE STREET ADDRESS)

610 S. OWL DR.
SARASOTA, FL 34234

(b) Mailing address of limited liability company:

☐ (Note: MAY BE POST OFFICE BOX)

Same

3/28/08
3. Date of filing/registration in Florida

108000031816
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JOHN E. WAGNER

Registered Office Address:

200 South Orange Ave
SARASOTA, FL 34234

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

NEW Registered Agent:

Ellen Bregg

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

610 S. OWL DR
SARASOTA, FL 34234

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

Ellen BREGG

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