

LD8000037021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. JUN 13 2008

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: East Gainesville Properties, LLC  
(Name of Limited Liability Company)

DOCUMENT NUMBER: L08000037021

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond M. Ivey  
(Name of Person)

Scruggs & Carmichael, P.A.  
(Name of Firm/Company)

4041 NW 37th Place, Suite B  
(Address)

Gainesville, FL 32606  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond M. Ivey at ( 352 ) 374-4120 ext 304  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: East Gainesville Properties, LLC

2. (a) Principal office address of limited liability company: 909 B NW 6<sup>th</sup> Street  
Gainesville, FL 32601  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 909 B NW 6<sup>th</sup> Street  
Gainesville, FL 32601  
**(Note: MAY BE POST OFFICE BOX)**

April 11, 2008  
3. Date of filing/registration in Florida

LO8000037021  
4. Document number

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

Registered Agent:

Susan Sosnow

Registered Office Address:

909 B NW 6<sup>th</sup> Street  
Gainesville, FL 32601

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

NEW Registered Agent:

Krupant Vora

NEW Registered Office Address:

4315 NW 37<sup>th</sup> Terrace

**(MUST BE FLORIDA STREET ADDRESS)**

Gainesville, FL 32605

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

(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