

L080000073894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Kevin M. Kirrane

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Nicole B. Norkevicius

Michael A. Dunning, *of Counsel*

Brian E. Garner

Jessica C. Sommer

Elizabeth A. McNichols, *of Counsel*

Patricia McGauley, *of Counsel*

May 15, 2019

Florida Secretary of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: TSAKALOS REALTY TRUST, LLC  
DOCUMENT NUMBER: L08000073894

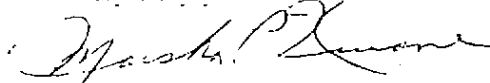
To Whom It May Concern:

Enclosed herewith please find your Cover Letter Form, Statement of Change of Registered Office and filing fee in the amount of \$35.00 relative to the above referenced LLC.

I have also enclosed a copy of the Statement of Change of Registered Office and ask that you date stamp it and return it to this office in the enclosed self-addressed stamped envelope.

Thank you for your courtesies in this matter.

Very truly yours,



Marsha P. Kirrane  
Paralegal

Enclosures

cc: Tsakalos Realty Trust, LLC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2019

KEVIN M KIRrane  
P.O. BOX 560  
MASPHEE, MA 02649

SUBJECT: TSAKALOS REALTY TRUST, LLC  
Ref. Number: L08000073894

We have received your document for TSAKALOS REALTY TRUST, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 019A00011155

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2019 JUL -5 PM 12:06

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tsakalos Realty Trust, 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:

Kevin M. Kirrane, Esq.

\_\_\_\_\_  
Name of Person

Dunning, Kirrane, McNichols & Garner, L.L.P.

\_\_\_\_\_  
Firm/Company

P. O. Box 560

\_\_\_\_\_  
Address

Mashpee, MA 02649

\_\_\_\_\_  
City/State and Zip Code

kkirrane@dunningkirrane.com

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

For further information concerning this matter, please call:

Kevin M. Kirrane, Esq.

508

477-6500

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Tsakalos Realty Trust, LLC
2. (a) 1269 Blue Hill Creek Drive  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Marco Island, FL 34145
- (b) P. O. Box 1  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Forestdale, MA 02644
3. 7/31/2008  
Date of filing/registration in Florida
4. L08000073894  
Document number
5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
12843 Madison Point Circle, 9-208  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32821
- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1269 Blue Hill Creek Drive  
Marco Island, FL 34145

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.

Thomas Tsakalos  
Signature of a member or authorized representative of a member

Thomas Tsakalos, Manager

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 605, 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.*

Thomas Tsakalos  
Signature of Registered Agent