L08000080873

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		prings Property Management Limited Liability Company
Door		
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to the following:
	Ana Patsalides	
	Name of Person	
	Tarpon Springs Property Manager Firm/Company	ment, LLC
	70 Willowood Lane Address	
	Oldsmar, FL 34677 City/State and Zip Code	
· E	flsnewest@aol.com -mail address: (to be used for future annual report	t notification)
For fu	orther information concerning this ma	atter, please call:
	Ana Patsalides	at ()410-1691
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
	Tallahassee, Florida 32301	rananassee, riorida 32314
	Enclosed is a check for the following	ing amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BÖTH 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:	prings Property Management, LLC			
2. (a) Principal office address of limited liability compan	y: 218 N. Pinellas Ave., Unit B			
(Note: MUST BE STREET ADDRESS)				
	Tarpon Springs, FL 34689			
(b) Mailing address of limited liability company:	70 Willowood Lane			
(Note: MAY BE POST OFFICE BOX)	Oldsmar, FL 34677			
09/01/2008	L08000080873			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State: Registered Agent: Ana Patsalides				
Registered Office Address:	128 N. Pinellas Ave., Unit B Tarpon Springs, FL 34689 TO			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Office Address:	218 N. Pinellas Ave., Unit B			
(MUST BE FLORIDA STREET ADDRESS)				
	Tarpon Springs ,FL34689			
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				
Ana Patsalides				
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