

LO8000090911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

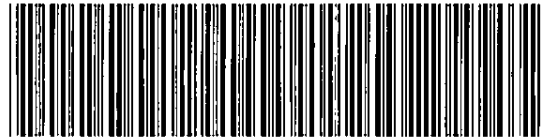
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 24 2024

Office Use Only



400428651274

05/06/24--01025--019 **25.00

FILED
2024 MAY -6 PM 12:35
CLERK OF COURT
JULIA A. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5715 Golden Gate Pkwy, 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:

Chris Henning

Name of Person

Continental Financial

Firm/Company

111 S. Pfingsten Rd., Suite 105

Address

Deerfield, IL 60015

City/State and Zip Code

pshah@continentalfin.com

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

For further information concerning this matter, please call:

Chris Henning

847 291-3700
at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: 5715 Golden Gate Pkwy, LLC

2. (a) C/O Continental Financial (b) C/O Continental Financial

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

111 S. Pfingsten Rd., Suite 105

111 S. Pfingsten Rd., Suite 105

Deerfield, IL 60015

Deerfield, IL 60015

09/24/2008

L080000

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:

Chris Cona

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3080 Tamiami Trail East

Naples, FL 34112

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

Chris Cona

NEW Registered Office Address:

3765 Airport Pulling Rd. N, Suite 201

Naples, FL 34105

FILED
2024 MAY -6 PM 12:36
TALLAHASSEE, FL
STATE SECRETARY

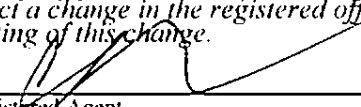
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Chris Henning

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.


Signature of Registered Agent