## 109000019916

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL.				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
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D. BRUCE
JUN 16 2009
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporation	s				
SUB	UBJECT: Otterwood Property, LLC  Name of Limited Liability Company					_
Dear	Sir or Madam:					
The e	nclosed Registered Agent	/Registered Office (	Change and fee(s	) are submitted f	for filing.	
Pleas	e return all correspondenc	e concerning this m	atter to the follow	wing:		
	James O					
	Name of Pe	rson				
	Otterwood Pro Firm/Comp		<del>_</del>			
	1345 Turtle D	unes Court		V.11. 2	$A_{co}$	
	Ponte Vedra Beach			v.	ECKETARY	09 JUN 15 AM O.
	jim.lou.carey(	2gmail.com ire annual report notification	on)		OF STA FLOR	₹
For f	urther information concern	ning this matter, ple	ase call:		IDA	•
Ja	ames O. Carey, Registered Agent at ( 813 ) 417-0039  Name of Person Area Code & Daytime Telephone Number			—		
	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	ircle	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7		
	Enclosed is a check fo	r the following am	ount:			
	\$25 Filing Fee	Sa.	\$55 Filing l	Fee & Certified	Сору	

## 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.

•	3			
1. Name of the limited liab	ility company:	Otterwood Property, LLC		
2. (a) Principal office address of limited liability con		mpany: 1345 Turtle Dunes Court		
(Note: MUST BE	STREET ADDRESS	Ponte Vedra Beach, FL 32082-6507 USA		
(b) Mailing address of li	imited liability company	y: 1345 Turtle Dunes Court		
(Note: MAY BE P	OST OFFICE BOX)	Ponte Vedra Beach, FL 32082-6507 USA		
February 27, 2	2009	L09000019916		
3. Date of filing/registration	n in Florida	4. Document number		
5. (a) Registered Agent an	nd Registered Office sho	own on the records of the Florida Dept. of State:		
Registered Agent:		James O. Carey		
Registered Office A	ddress:	15848 Sanctuary Drives Tampa, FL 33647-1075 S USA		
		/or NEW Registered Office address:		
NEW Registered Ag	-			
<u>NEW</u> Registered Of (MUST BE FLORI)	ffice Address: DA STREET ADDRES	1345 Turtle Dunes 🖼 نام		
confirmed that after the char and the business office of th	nge or changes are made registered agent will be by confirmed that the ched liability company or a first the limited liability confirmed that the ched that the limited liability confirmed liability liabilit	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.		
James Printed or typed name of signee	s O. Carey			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm the	tment as registered agen of all statules relative to accept the obligations o is document is being file nat the limited liability c	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent