

LO9000020470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 JUN -6 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

clerk



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 JUN -6 PM 6:25  
TALLAHASSEE, FLORIDA

April 26, 2016

KATHLEEN M. MACKENZIE  
10109 ALAMANCE DRIVE  
SAN ANTONIO, FL 33576

SUBJECT: TAMPA HOMES 24-7 LLC  
Ref. Number: L09000020470

We have received your document for TAMPA HOMES 24-7 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We received your document, however the registered agent must sign the document.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 616A00008620

FILED  
16 JUN -6 PM 12:33  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tampa Homes 24-7 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:

Kathleen M. MacKenzie

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

Tampa Homes 24-7 LLC

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

10109 Alamance Drive

\_\_\_\_\_  
Address

San Antonio, FL 33576

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

kathy@tampahomes24-7.com

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

For further information concerning this matter, please call:

Kathleen M. MacKenzie

at ( 813 )

541-4646

\_\_\_\_\_  
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

FILED  
16 JUN -6 PM 12:39  
TALLAHASSEE, FLORIDA

**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: Tampa Homes 24-7 LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

10109 Alamance Drive

10109 Alamance Drive

San Antonio, FL 33576

San Antonio, FL 33576

March 2, 2009

L09000020470

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:

Kathleen M. MacKenzie

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17918 Arbor Haven Drive

Tampa, FL 33647

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

Kathleen M. MacKenzie

**NEW** Registered Office Address:

10109 Alamance Drive

San Antonio, FL 33576

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.

Kathleen M. MacKenzie  
Signature of a member or authorized representative of a member

Kathleen M. MacKenzie

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.*

Kathleen M. MacKenzie  
Signature of Registered Agent

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

FILING FEE: \$25.00