

LO9 0000 264 29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

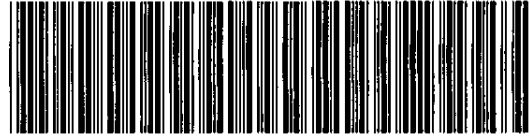
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100281624761

02/16/16--01003--005 \*\*25.00

FILED  
16 FEB 24 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 25 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 253 Gulfview, 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:

Raymond A. Ross, III

Name of Person

253 Gulfview, LLC

Firm/Company

185 Twelve Oaks Lane

Address

Ponte Verde, FL 32082

City/State and Zip Code

✓ rayross3@rossmgmt.net

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

For further information concerning this matter, please call:

✓ Raymond A Ross III

Name of Person

at ( 904 ) 273-7088

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2016

RAYMOND A ROSS, III  
185 TWELVE OAKS LANE  
PONTE VEDRA, FL 32082

SUBJECT: 253 GULFVIEW, LLC  
Ref. Number: L09000026429

We have received your document for 253 GULFVIEW, 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):

The registered agent must sign accepting the designation.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 416A00003234

RECEIVED  
2016 FEB 24 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
16 FEB 24 PM 5:17  
SECRETARY OF STATE  
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: 253 Gulfview, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

185 Twelve Oaks Lane

Ponte Verde<sup>a</sup>, FL 32082

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

185 Twelve Oaks Lane

Ponte Verde<sup>a</sup>, FL 32082

3/18/2009

L09000026429

3. Date of filing/registration in Florida

4. Document number

5. (a) Lisa Daniels

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Lisa Daniels, Esq. c/o Therrel Baisden, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

One SE 3rd Ave, Suite 2950

Miami, FL 33131

(b) Raymond A. Ross, III

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

Raymond A. Ross, III

**NEW** Registered Office Address:

185 Twelve Oaks Lane

Ponte Verde<sup>a</sup>, FL 32082

FILED  
16 FEB 24 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Raymond A. Ross, III  
Signature of a member or authorized representative of a member

Raymond A. Ross, III

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.

Raymond A. Ross, III  
Signature of Registered Agent