

LO9 000030067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

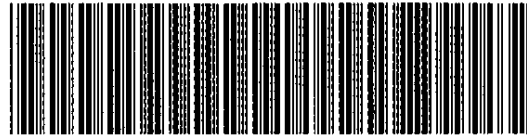
(Business Entity Name)

(Document Number)

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AUG 25 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG 24 AM 10:50

FILED

*Law Offices*  
*Karp & Langerman, P.C.*  
*Milford Place Corporate Center*

*185 Plains Road*

*Milford, Connecticut 06461*

JOEL C. KARP  
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LAWRENCE LANGERMAN  
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MILFORD (203) 876-0606  
WESTPORT (203) 866-5892  
FAX (203) 876-0768

August 13, 2010

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

Re: 5 Forest Glen Associates LLC


Dear Sir:

Enclosed is the Change of Registered Agent/Registered Office form submitted for filing for the above-referenced LLC.

A check in the amount of \$25.00 representing the filing fee is also enclosed.

Please call me if you have any questions.

Very truly yours,



Joel C. Karp

JCK/bks  
Encls.  
cc: Phyllis and Ronald Shaw  
shaw/ltr/Florida Registration-10-0813

FILED  
2009 AUG 24 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5 Forest Glen Associates 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:

Joel C. Karp, Esq.

Name of Person

Karp and Langerman, P.C.

Firm/Company

185 Plains Road, Suite 209E

Address

Milford, CT 06461

City/State and Zip Code

bschless@karp-langerman.com

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

For further information concerning this matter, please call:

Joel C. Karp, Esq.

Name of Person

at ( 203 )

876-0606

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  
2010 AUG 24 AM 10:50  
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 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: 5 Forest Glen Associates LLC

2. (a) Principal office address of limited liability company: 1038 Grand Isle Terrace

☒ (Note: **MUST BE STREET ADDRESS**) Palm Beach Gardens, FL 33418

(b) Mailing address of limited liability company: 1038 Grand Isle Terrace

☒ (Note: **MAY BE POST OFFICE BOX**) Palm Beach Gardens, FL 33418

March 27, 2009

3. Date of filing/registration in Florida

L09000030067

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Phyllis Shaw

Registered Office Address:

1038 Grand Isle Terrace  
Palm Beach Gardens, FL 33418

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

**NEW** Registered Agent:

Ronald G. Shaw

**NEW** Registered Office Address:

1038 Grand Isle Terrace

**(MUST BE FLORIDA STREET ADDRESS)**

Palm Beach Gardens, FL 33418

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

Ronald G. Shaw

Printed or typed name of signer

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