

LO9000043233

(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



800178713388

04/30/10--01044--004 \*\*25.00

FILED  
10 JUN -7 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 7 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2010

DONINIK JETTER  
1003 NE 118TH ST  
BISCAYNE PARK, FL 33161

SUBJECT: SAENTIS ESTATES, LLC  
Ref. Number: L09000043233

We have received your document for SAENTIS ESTATES, 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):

Please list the name and address of the current Registered Agent we have on our records in part 5a. See printout

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 710A00010906

FILED  
10 JUN -7 PM 3:57  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAENTIS ESTATES 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:

DONINIK JETTER  
Name of Person

SAENTIS ESTATES LLC  
Firm/Company

1003 NE 118th St.  
Address

BISCAYNE PARK, FL 33161  
City/State and Zip Code

VNAU@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONINIK JETTER at (305) 8920905  
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**  
10 JUN -7 PM 3:57  
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: SA-ENTIS ESTATES LLC

2. (a) Principal office address of limited liability company: 1003 NE 118th St.  
☐ (Note: **MUST BE STREET ADDRESS**) BISCAYNE PARK, FL 33161

(b) Mailing address of limited liability company: SAME AS PRINCIPAL ~~155 Ocean Lane Dr. #304~~  
☐ (Note: **MAY BE POST OFFICE BOX**) ~~KEY BISCAYNE FL 33149~~

5/5/2009  
3. Date of filing/registration in Florida

LD9000043233  
4. Document number

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

Registered Agent:

United States Corporations Agents, Inc.

Registered Office Address:

1302 Winding Oaks Blvd.  
Suite A-100  
Tampa, FL 33612 USA

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

**NEW** Registered Agent:

KEN LANCASTER CPA

**NEW** Registered Office Address:

155 Ocean Lane Dr. #304

(**MUST BE FLORIDA STREET ADDRESS**)

KEY BISCAYNE FL 33149  
, FL

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]  
Signature of a member or authorized representative of a member

DONINIK JETTER  
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 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]  
Signature of Registered Agent

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