

L09000053386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

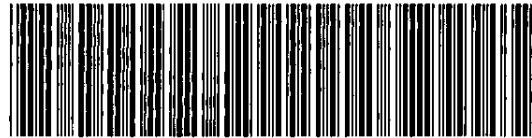
Special Instructions to Filing Officer:

A. LUNT

NOV 23 2011

EXAMINER

Office Use Only



300213489553

10/24/11--01005--007 **35.00

FILED

2011 NOV 22 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2011

CANDICE J. GUNDEL
2535 LANDMARK DR. SUITE 102
CLEARWATER, FL 33761

SUBJECT: FM NORTHWOOD, LLC
Ref. Number: L09000053386

We have received your document for FM NORTHWOOD, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 911A00024325

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FM Northwood, 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:

Candice J. Gundel

Name of Person

Leonard J. Mankin, PA

Firm/Company

2535 Landmark Dr. Suite 102

Address

Clearwater, FL 33761

City/State and Zip Code

Candice@mankinpa.com

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

For further information concerning this matter, please call:

Candice Gundel

Name of Person

at (727) 725 - 0559

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
2011 NOV 22 PM 2:26
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: FM Northwood, LLC
2. (a) Principal office address of limited liability company: 2535 Landmark Dr.

(Note: MUST BE STREET ADDRESS)

Suite 100
Clearwater, FL 33761

- (b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

s/a above

3. Date of filing/registration in Florida

6/2/09

4. Document number

L09000053380

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

Registered Agent:

Gregory A. Fox

Registered Office Address:

2535 Landmark Dr. Suite 100
Clearwater, FL 33761

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

NEW Registered Agent:

Candice J. Gundel

NEW Registered Office Address:

2535 Landmark Dr. Suite 100

(MUST BE FLORIDA STREET ADDRESS)

Clearwater, FL 33761

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

LEONARD J. MANIKIN

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 of Registered Agent

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

FILING FEE: \$25.00