

# L09000073248

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H11000005469 3)))



H110000054693ABC-

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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 11 JAN -6 AM 8:37

To:

Division of Corporations  
Fax Number : (850) 617-6383

**\*RE-SUBMIT\***

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCAD000000023  
Phone : (850) 222-1111  
Fax Number : (850) 617-6383

Please retain original filing  
date of submission

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
FLORIDA TRIPLE 7 RANCH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA TRIPLE 7 RANCH 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:

Deanna Roy  
Name of Person

Embrace Home Loans, Inc.  
Firm/Company

25 Enterprise Center  
Address

Newport, RI 02842  
City/State and Zip Code

deanna@embracehomeloans.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Roy at ( 401 ) 846-3100 x3404  
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

INHS18 (5/08)



January 7, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT

SUBJECT: FLORIDA TRIPLE 7 RANCH LLC  
REF: L09000073248

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H11000005469  
Letter Number: 011A00000610

RECEIVED  
11 JAN -7 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**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: FLORIDA TRIPLE 7 RANCH LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

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

17300 SUGAR BOWL ROAD  
MYAKKA CITY, FL 34251 US--

(b) Mailing address of limited liability company: \_\_\_\_\_

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

POST OFFICE BOX 897  
TAMPA, FL 33601-0897 US

07/29/2009

3. Date of filing/registration in Florida

4. Document number

L09000073248

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

Registered Agent:

WINESETT, RICHARD W

Registered Office Address:

2248 FIRST STREET  
FORT MYERS, FL 33901 US

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

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

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

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.*

By: \_\_\_\_\_  
Signature of Registered Agent

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

INHS18 (05/08)

FLS14 - (1/16/2010) C T System Online