

# LO9000074254

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

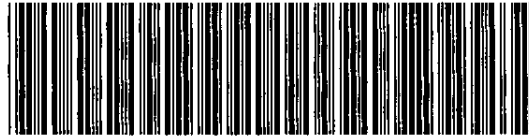
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

N. Culligan NOV - 2 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TANGELO PARK RESTORATION THREE 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:

ELLIOTS PERRY

Name of Person

TANGELO PARK RESTORATION THREE LLC

Firm/Company

PO BOX 691765

Address

ORLANDO FL 32869

City/State and Zip Code

ELLIOTS PERRY @ GMAIL.COM

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

For further information concerning this matter, please call:

ELLIOTS PERRY

Name of Person

at ( 561 ) 346-6717

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

**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: TANLELO PARK RESTORATION THREE LLC
2. (a) Principal office address of limited liability company: 4400 PGA BLVD SUITE 800  
C/O SCOTT, HARRIS, ATTORNEYS @ LAW  
PALM BEACH GARDENS, FL 33410  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
PO BOX 691765  
ORLANDO, FL 32889  
LOG 0000 74284  
8/3/09
3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

ELLIOT SPERRY

Registered Office Address:

11456 KIDA LN

PALM BEACH GARDENS FL 33410

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

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

4400 PGA BLVD SUITE 800  
C/O SCOTT, HARRIS ATTORNEYS @ LAW  
PALM BEACH GARDENS, FL 33410

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

ELLIOT SPERRY

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**