L09000095206

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	. <u>-</u>	
	Office Use Or	

B. KOHR

OCT _5 2012

EXAMINER



500240191635

10/03/12--01018--014 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
	TL CGU 1713, LLC 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	TEC OC
Richard W. Baker	ASS.
Name of Person	The state of the s
Richard W. Baker, P.A.	RATE
Firm/Company	
2535 Success Drive	
Address	
Odessa, FL 33556	
City/State and Zip Code	
rwbcpa@hotmail.com E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	tter, please call:
Wanda F. Moore	at (727) 372-8808
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	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

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.

Name of the limited liability company:	FTL CGU 1713, LLC
2. (a) Principal office address of limited liability compa	nny: 2535 Success Drive
(Note: MUST BE STREET ADDRESS)	Odessa, Florida 33556
(b) Mailing address of limited liability company:	2535 Success Drive
(Note: MAY BE POST OFFICE BOX)	Odessa, Florida 33556
10/01/2009	L09000095206
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	CFRA, LLC
Registered Office Address:	100 S. Ashley Dr., Suite 400
	Tampa, FL 33602
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	Richard W. Baker
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2535 Success Drive
	<u>Odessa</u> ,FL <u>33556</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote.
Signature of a member or authorized representative of a member	
Lynnda L. Speer, Manager Printed or typed name of signee	,,,,,,,
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608. F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent