

L10000009574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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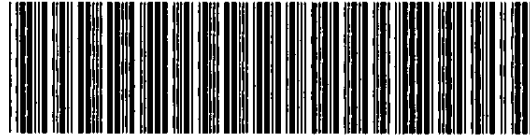
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 20 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** prestige property management services 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:

jennifer geiger

Name of Person

prestige property management services llc

Firm/Company

po box 498

Address

osteen, fl 32764

City/State and Zip Code

prestigepropertymanagementservices@hotmail.com

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

For further information concerning this matter, please call:

jennifer geiger

Name of Person

at ( 407 )

506-5387

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2012

JENNIFER GEIGER  
PO BOX 498  
OSTEEN, FL 32764

SUBJECT: PRESTIGE PROPERTY MANAGEMENT SERVICES, LLC  
Ref. Number: L10000009574

We have received your document for PRESTIGE PROPERTY MANAGEMENT SERVICES, 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):

A post office box is not an acceptable address for the registered agent.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 612A00020476

**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: prestige property management services llc

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

3691 sandlor dr

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

deltona, fl 32738

(b) Mailing address of limited liability company:

pobox 498

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

osteen, fl 32764

08/03/2012

L1000000957

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

jennifer geiger

Registered Office Address:

252 Santa Rosa Dr.

Winter Haven, FL 33884

(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)**

3691 Sandlor Dr.

Deltona, FL 32728

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

jennifer geiger

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**