1100000040961

(Requestor's Name)						
(Address)						
(Address)						
(CII	ty/State/Zip/Phone) #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
	cument Number)					
(DC)	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





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JUL 29 2016 N. CAUSSEAUX



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2016

F. GANT MCCLOUD KIRK-PINKERTON, P.A. 240 S PINEAPPLE AVE. 6TH FL SARASOTA, FL 34236

SUBJECT: CITATION DEVELOPMENT, LLC

Ref. Number: L10000040961

We have received your document for CITATION DEVELOPMENT, 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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A00015151

COVER LETTER

TO:	Registration Section Division of Corporations	•					
SUBJECT: Citation Development, LLC Name of Limited Partnership or Limited Liability Limited Partnership							
DOC	UMENT NUMBER:	L10000040961					
	nclosed Statement of Change of Fare submitted for filing.	Registered (Office ar	nd/or Re	gistered Agent and		
Please	e return all correspondence conce	rning this n	natter to:	:			
	F. Gant McCloud	<u> </u>		_			
	Contact Person						
	Kirk-Pinkerton, P.	A					
	Firm/Company						
	240 S. Pineapple Ave.	6th Fir.					
	Address						
	Sarasota, FL 3423	36					
	City, State and Zip Cod	le					
	krichardson@kirkpinl	kerton.con	า				
E	-mail address: (to be used for future ann				_		
For fi	urther information concerning this	s matter, ple	ease call	:			
	F. Gant McCloud	at (941)	364-2400		
	Name of Contact Person			and Dayti	me Telephone Number		
Enclo	sed is a \$35.00 check made payal	ble to the F	lorida D	epartme	nt of State.		
STREET ADDRESS:			MAILING ADDRESS:				
	Registration Section Registration Section						
	ivision of Corporations Division of Corporations						
	lifton Building P. O. Box 6327						
	Executive Center Circle		Tallal	nassee, F	FL 32314		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability company: Citation De	evelopment, l	.LC	<u></u>
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	s of limited liability company: "BE POST OFFICE BOX")
	6000 Cattleridge Drive, Suite 200	6	000 Cattleridge D	rive, Suite 200
	Sarasota, FL 34232	s	arasota, FL 3423	2
	4/15/10	L1	0000040961	
3.	Date of filing/registration in Florida	4.	Document i	number
5. (a))			
. ,	Registered Agent and Registered Office shown on the record John Slattery	s of the Florida De	or of State:	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	·	
	6000 Cattleridge Drive, Suite 200			
	Sarasota	FL_34232		16.1
				JUL 28 PM 3: 51
(b)	Enter name of NEW Registered Agent and/or NEW Register	ered Office address	<u></u>	28 (ASS)
	Kirk-Pinkerton, P.A.	595	038	T-02 3
	NEW Registered Office Address:			RA 5
	240 S. Pineapple Ave., 6th Floor			A
	Sarasota	FL_34236		
the cha agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the registered liability comp ers of the limited	ed office and the bus any, it is hereby con liability company o lity company. Toms: F	niness office of the registered firmed that the change(s) or as otherwise provided in
	attur of a member or authorized representative of a member			ed name of signee
provis the ob to mer	by Accept the appointment as registered agent and iens of all statutes relative to the proper and complications of my position as registered agent as proved in the registered office addressed in writing of this change.	agree to act in i lete performance ided for in Chaj s, I hereby confi	his capacity. I furth e of my duties, and I pier 605, F.S. Or. if rm that the limited li	ner agree to comply with the am familiar with and accept this document is being filed ability company/has been
Signati	ure of Registered Agent			