

L1000000 71196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

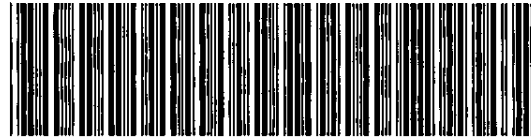
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 29 AM 7:57

OCT 31 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Esquire Property Group, 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:

Yvette Pullara

Name of Person

Esquire Property Group, LLC.

Firm/Company

24814 State Road 54

Address

Lutz, FL 33559

City/State and Zip Code

yvettep@dhwpalaw.com

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

For further information concerning this matter, please call:

Yvette Pullara

at (813)

962-3176

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

*Previously
Submitted
(see attached
email)*

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2014

YVETTE PULLARA
ESQUIRE PROPERTY GROUP, LLC
24814 STATE ROAD 54
LUTZ, FL 33559 US

SUBJECT: ESQUIRE PROPERTY GROUP, LLC
Ref. Number: L10000071196

We have received your document for ESQUIRE PROPERTY GROUP, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 514A00022511

**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. Name of the limited liability company: Esquire Property Group, LLC.

2. (a) Esquire Property Group, LLC. (b) Esquire Property Group, LLC.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

24814 State Road 54

Lutz, FL 33559

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

24814 State Road 54

Lutz, FL 33559

07/02/2010

L10000071196

3. Date of filing/registration in Florida

4. Document number

5. (a) David H. Walkowiak

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Esquire Property Group, LLC.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

17545 Darby Lane

Lutz, FL 33558

(b) David H. Walkowiak

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

Esquire Property Group, LLC.

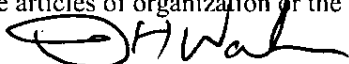
NEW Registered Office Address:

24814 State Road 54

Lutz, FL 33559

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 29 AM 7:57

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.

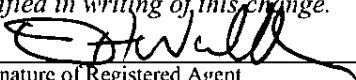


Signature of a member or authorized representative of a member

David H. Walkowiak, MGMR

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 605, 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