

L11000023261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

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2011 MAR 18 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR 21 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HOME REALTY RENTALS LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KATHY ZORN

(Contact Person)

FLORIDA HOME REALTY

(Firm/Company)

1575 Pine Ridge Road, #16

(Address)

NAPLES, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY ZORN

(Name of Contact Person)

at (239) 430-3995

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FLORIDA HOME REALTY RENTALS LLC

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

(Note: MUST BE STREET ADDRESS)

1575 PINE RIDGE ROAD, #16
NAPLES, FL 34109

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

1575 PINE RIDGE ROAD, #16
NAPLES, FL 34109

02/23/11

3. Date of filing/registration in Florida

L11000023261

4. Document number

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

Registered Agent:

NACE COHEN

Registered Office Address:

5121 CASTELLO DRIVE, SUITE 1
NAPLES, FL 34103

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

NEW Registered Agent:

KATHY ZORN

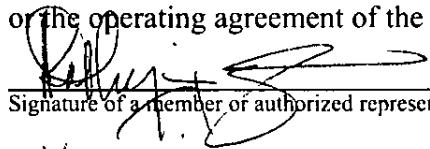
NEW Registered Office Address:

1575 PINE RIDGE ROAD, #16

(MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34109

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

KATHRYN J. ZORN
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