

L11 000023893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L11- 23893

(Document Number)

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11 AUG 17 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Aug 18 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2011

CLIFFORD B. SHEPARD, ESQ.  
SHEPARD, SMITH & CASSADY, PA  
2300 MAITLAND CENTER PARKWAY, STE. 100  
MAITLAND, FL 32751

SUBJECT: HERON IRRIGATION, LLC  
Ref. Number: L11000023893

We have received your document for HERON IRRIGATION, 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):

Cannot file the Statement of change of Registered Agent/Office. The company file a Voluntary Dissolution. (see printout)

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 511A00019395

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Heron Irrigation, 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:

Clifford B. Shepard, Esq.

Name of Person

Shepard, Smith & Cassady, PA

Firm/Company

2300 Maitland Center Parkway, Suite 100

Address

Maitland, Florida 32751

City/State and Zip Code

cshepard@shepardfirm.com

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

For further information concerning this matter, please call:

Clifford B. Shepard, Esq.

Name of Person

at ( 407 )

622-1772

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

**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: Heron Irrigation, LLC

2. (a) Principal office address of limited liability company: Heron Irrigation, LLC

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

2114 S. Orange Blossom Trail  
Apopka, Florida 32703

(b) Mailing address of limited liability company: Heron Irrigation, LLC

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

2114 S. Orange Blossom Trail  
Apopka, Florida 32703

2/25/2011

L11000023893

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

James J. Flick

Registered Office Address:

3700 S. Conway Rd  
Suite 100  
Orlando, Florida 32812

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

**NEW** Registered Agent:

Clifford B. Shepard, Esq.

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

2300 Maitland Center Parkway  
Suite 100  
Maitland, FL 32751

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

Rodney Lockett  
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**