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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. HAMPTON  
- 2 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 409 LAKE HOWARD, 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:

RICHARD E. STRAUGHN

Name of Person

STRAUGHN & TURNER, P.A.

Firm/Company

P.O. BOX 2295

Address

WINTER HAVEN, FL 33883

City/State and Zip Code

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

For further information concerning this matter, please call:

Deborah Quattlebaum

Name of Person

at ( 863 )

293-1184

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



## **STRAUGHN & TURNER, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

**RICHARD E. STRAUGHN**  
**MARK G. TURNER**  
**GERALD P. HILL, II, LL.M.**  
**BRIAN J. KNOWLES**

**JACK STRAUGHN**  
(1925-2000)

October 27, 2011

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: 409 LAKE HOWARD, LLC  
Our File No.: 10705/0001

Dear Sir:

Enclosed for filing incident to the above corporation, please find an original and one (1) copy of an executed Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company.

Also enclosed, is my firm's check in the amount of \$25.00, which represents the filing fee. Please forward a stamped copy to me, in the enclosed stamped envelope.

Thank you for your assistance in this matter, Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

**MARK G. TURNER**

MARK G. TURNER

(stamped in my absence to avoid delay)

MGT/djb/dq

enclosures

cc: Dave Miller  
company kit

millier,dave\fladept ra-chg

**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: 409 LAKE HOWARD, LLC

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

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

409 LAKE HOWARD DRIVE NW  
WINTER HAVEN, FL 33880

(b) Mailing address of limited liability company: \_\_\_\_\_

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

13509 WISTERIA WAY  
FAIRFAX, VA 22033

4/15/2011

L11000045733

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:

GERALD P. HILL, II

Registered Office Address:

255 MAGNOLIA AVENUE  
WINTER HAVEN, FL 33880

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

NEW Registered Agent:

RICHARD E. STRAUGHN

NEW Registered Office Address:

255 MAGNOLIA AVENUE

**(MUST BE FLORIDA STREET ADDRESS)**

WINTER HAVEN, FL 33880

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.

David Miller

Signature of a member or authorized representative of a member

David Miller

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

FILED  
NOV - 1 PM 12:10  
TALLAHASSEE, FLORIDA  
CLERK OF STATE