

L110000050937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 10 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A FORTUNE TELLERS DREAM GC MANAGEMENT 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:

ALLEN COLLINS

Name of Person

A FORTUNE TELLERS DREAM GC MANAGEMENT  
Firm/Company

20910 COPPERHEAD DRIVE

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

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

For further information concerning this matter, please call:

ALLEN COLLINS

Name of Person

at ( 239 )

369-8200

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 OCT 12 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 3, 2011

ALLEN COLLINS  
20910 COOPERHEAD DR  
LEHIGH ACRES, FL 33936

SUBJECT: A FORTUNE TELLER'S DREAM GC MANAGEMENT, LLC  
Ref. Number: L11000050937

We have received your document for A FORTUNE TELLER'S DREAM GC MANAGEMENT, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 911A00022693

**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: A FORTUNE TELLERS DREAM GC MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 20910 COPPERHEAD DRIVE

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

LEHIGH ACRES, FL 33936

(b) Mailing address of limited liability company: 20910 COPPERHEAD DRIVE

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

LEHIGH ACRES, FL 33936

4/25/2011

L11000050937

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:

TOM FOWLER

Registered Office Address:

20910 COPPERHEAD DRIVE  
LEHIGH ACRES, FL 33936

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

**NEW** Registered Agent:

ALLEN COLLINS

**NEW** Registered Office Address:

20910 COPPERHEAD DRIVE

(**MUST BE FLORIDA STREET ADDRESS**)

LEHIGH ACRES, FL 33936

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.

Allen Collins  
Signature of a member or authorized representative of a member

ALLEN COLLINS

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.*

Allen Collins  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00