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(Requestor's Name)	<u> </u>
(Address)	
(Address)	.
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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Office Use Only





August 11, 2018

KELLIE STALEY PARK VILLA PROPERTIES, LLC 1351 DUTCH ELM DR ALTAMONTE SPRINGS, FL 32714

SUBJECT: PARK VILLA PROPERTIES, LLC.

Ref. Number: L11000078395

We have received your document for PARK VILLA PROPERTIES, 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III



Letter Number: 518A00016616



June 19, 2018

KELLIE STALEY 1351 DUTCH ELM DR ALTAMONTE SPRINGS, FL 32714

SUBJECT: PARK VILLA PROPERTIES, LLC.

Ref. Number: L11000078395

We have received your document for PARK VILLA PROPERTIES, 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 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Printed or typed name of signee is incomplete.

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 018A00012723



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divisi	on of Corporations		
SUBJECT:	Park Villa Properties, LL0		
_	Nar	e of Limited Liability Company	
Dear Sir or Ma	adam:		
The enclosed I	Registered Agent/Registered Of	ce Change and fee(s) are submitted	for filing.
Please return a	dl correspondence concerning th	s matter to the following:	
Kellie St	aley		
	Name of Person		
Park Vill	a Properties, LLC		
	Firm/Company		
1351 Dut	tch Elm Dr		
	Address		
Altamont	e Springs, FL 32714		
	City/State and Zip Code		
	ppropertymgmt.com		
t-mail ac	ddress: (to be used for future and	ual report notification)	
For further inf	ormation concerning this matter	please call:	
Kellie	Staley	at (407) 304-6191	
	Name of Person	Area Code & Day	ime Telephone Number
	ET/COURIER ADDRESS: ration Section	MAILING ADDRESS Registration Section	:
_	on of Corporations	Division of Corporation	ıs
	n Building	P.O. Box 6327	
2661 I	Executive Center Circle	Tallahassee, Florida 32	314
Tallah	assee, Florida 32301		
Enclos	sed is a check for the following	amount:	
X_ \$25	Filing Fee	☐ \$55 Filing Fee & Certi	fied Copy

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.

l.	Na	me of the limited liability company: P	ark Villa Pro	perties, L	LC				_
2	(a)	1351 Dutch Elm Dr		(b)	1351 Dutch E	lm Dr			
	(ω)	Principal office address of limited liability (Note: MUST BE STREET ADDR			Mailing address (Note: MA)	s of limited liab BE POST OF	_		-
		Altamonte Springs, FL 32714			Altamonte Spr	ings, FL 3	2714		-
					144000793				_
3.		01/16/2018 Date of filing/registration in Flor		4.	L110000783				_
э.			nua	4.	Document	number			
5.	(a)	Kellie Staley Registered Agent and Registered Office shown on 1351 Dutch Elm Dr	the records of the	e Florida Dep	t, of State:				
		Registered Office Address (MUST BE FLOR)	DA STREET AL	ODRESS)					
		Altamonte Springs, FL 32714				-t <u>m</u>	2011		
			FL_			ALLA ALLA	2018 OCT - 1	77	
	(b)	William Dedelow			· · · · · · · · · · · · · · · · · · ·	RETAKY OF LLAHASSEE			
		Enter name of NEW Registered Agent and/or NE	W Registered ()	Office address	:	EE, FL	PM 1: 35	Ö	
		NEW Registered Office Address:				1.1	.		
			<u>- </u>						
the age wa	cha ent w s/we	mited liability company is not organized ange or changes are made, the Florida streatill be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agree	et address of tl da limited liab e members of	he registere pility compa the limited	d office and the bus my, it is hereby con liability company o	siness office of that	of the the ch	registered ange(s)	1
S	ignat	ure of a member or authorized representative of a member of a memb	nember		Printed or typ	ped name of sig	nee ,		-
pro the to i noi	ovisie obli mere tifiea	ov accept the appointment as registered as one of all statutes relative to the proper a gations of my position as registered agently reflect a change in the registered officing writing of this change.	nd complete p it as provided g address, I he	erformance for in Chap ereby confir	his capacity. I furth of my duties, and i ster 605, F.S. Or, i mu that the limited l	her agree to I am Jamilian I this docume iability comp	comp with ent is pany l	ly with the and accep being filed as been	1

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00