L11000079460

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EXAMINE



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04/30/12--01030--006 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations		
SUB.	<u> </u>	NDL PROPERTIES, LLC f Limited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concernia	ng this matter to the following:	
	Debrah Mayworth Name of Person	· 	
	Name of Person		
	Law Offices of Timothy G. Hay Firm/Company	res, P.A.	
	21859 State Road 54, Suite Address	<u> 200</u>	
	Lutz, FL 33549 City/State and Zip Code		
<u>1</u>	debmayworth@yahoo.co	om rt notification)	
For f	urther information concerning this m	atter, please call:	
	Debrah Mayworth	at (* 813_) 949-6525	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	1 W1411405000, 1 101144 J. J. J. I. T.	
	Enclosed is a check for the follow	ving amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO:

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.

Name of the limited liability company:	DGANDL PROPERTIES, LLC
(a) Principal office address of limited liability comp	4400 112 1 1 1 1 1 1
(Note: MUST BE STREET ADDRESS)	Wesley Chapel, FL 33543
(b) Mailing address of limited liability company:	P.O. Box 569
(Note: MAY BE POST OFFICE BOX)	Lutz, FL 33548
7/11/2011 3. Date of filing/registration in Florida	L11000079460 4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Dean Worthington
Registered Office Address:	1433 Highwood Place Wesley Chapel, FL 33543
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	NEW Registered Office address: Law Offices of Timothy G. Hayes, P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	21859 State Road 54 Suite 200 Lutz ,FL33549
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability or as of the operating agreement of the operating agreeme	he Florida street address of the registered office dentical. Or, in the case of a Florida limited
DEAN WORTHINGTON Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of abstatutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.
Signifiance of Registered Agent	

FILING FEE: \$25.00

INHS18 (05/08)