## L11000108692

(Requestor's Name)
· (Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L11-108692
(Document Number)
Certified Copies Certificates of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2012

SANDRA KAY MAC DOUGALL 419 MAGNOLIA AVENUE ORLANDO, FL 32801

SUBJECT: SANDRA KAY MAC DOUGALL L.L.C

Ref. Number: L11000108692

We have received your document for SANDRA KAY MAC DOUGALL L.L.C and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 812A00008370

tcf. Number L110001080802

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Sandra Hay Mac Douga   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:		
Sandra KAY MAC Daugall Name of Person		
Sardra LAy MAE Douga // LCC (Firm/Company)		
1101 MIKANOA-LANE Address		
Kissimmee, FL 34741 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)  Call Sowie Case)		
For further information concerning this matter, please call:		
William Terry at (9/9) 27/-7/18  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton 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 & Certified Copy PAID		

## 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 ord agent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company:	A CAY MAC DUSA11 LLC
2. (a) Principal office address of limited liability compar	1. 1. 100 2000 1000
(Note: MUST BE STREET ADDRESS)	LISSIMMEE, FL
(b) Mailing address of limited liability company:	PO, BOX 568735
(Note: MAY BE POST OFFICE BOX)	OKIANDO, FL32856
(9-21-2011) 9-21-2012	C110001086923
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of tates
Registered Agent:	Sandra KAY MAS DOGALL
Registered Office Address:	12 South CLADE AUE KISSIMMEE, FL
9.	3474/
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	EW Registered Office address:
NEW Registered Agent:	SANDEA YAY MACROWGALL
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1101 miranda AUC Kissimmen ,FL 34741
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Sandra Kay MAC Douga // Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my parties to the parties of the	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

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