

L12000008907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR 2 - 2012



LAW OFFICE OF
GRANT & DOZIER, LLC
ATTORNEYS AND COUNSELORS AT LAW

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February 29, 2012

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

RE: Gables of Glassboro, LLC

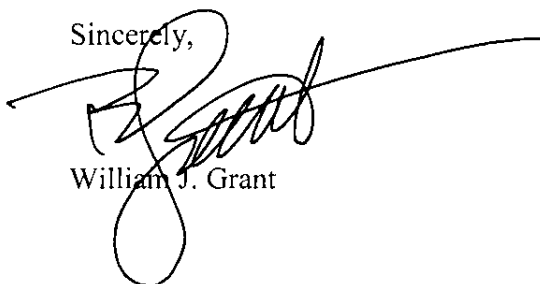
To Whom It May Concern,

The express purpose of this letter is to update the EIN number for Gables of Glassboro, LLC. Gables of Glassboro, LLC was filed on January 19, 2012 and the Document Number is L12000008907. The EIN number should be updated to be 45-4273797.

Included with this letter is a Statement of Change of Registered Office for Limited Liability Company form, which is intended to update the address for the registered agent.

Thank you.

Sincerely,



William J. Grant

WJG/cw

Enclosure: Statement of Change of Registered Office for Limited Liability Company
Check #30265 in the amount of \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gables of Glassboro, 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:

Paula A. Alt
Name of Person

Gables of Glassboro, LLC
Firm/Company

171 East Falconry Court
Address

Hernando, FL 34442
City/State and Zip Code

houseofalts@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula A. Alt at (352) 697-3206
Name of Person 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

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: Gables of Glassboro, LLC

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

(Note: MUST BE STREET ADDRESS)

171 East Falconry Court
Hernando, FL 34442

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

171 East Falconry Court
Hernando, FL 34442

January 18, 2012

3. Date of filing/registration in Florida

L12000008907

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Paula A. Alt

Registered Office Address:

2860 West Lantana Dr
Hernando, FL 34465

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

NEW Registered Agent:

Paula A. Alt

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2860 West Lantana Dr.

Beverly Hills, FL 34465

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.

Paula A. Alt
Signature of a member or authorized representative of a member

Paula A. Alt

Printed or typed name of signee

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.

Paula A. Alt
Signature of Registered Agent

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

FILING FEE: \$25.00