

L12000041802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L12-41802

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. C. Mfg. Co. DEC 26 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSET AVE RE 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:

TANNY MASSE
Name of Person

AMELIA LAKES CONDO LLC
Firm/Company

23727 BAHAMA POINT
SUITE 10A address

FERNANDINA BEACH, FL 32034
City/State and Zip Code

GREINER@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENE GREINER at (847) 208-6890
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2013

GENE GREINER
463688 STATE ROAD 200
SUITE 1-421
YULEE, FL 32097

SUBJECT: SUNSET AVE RE LLC
Ref. Number: L12000041802

We have received your document for SUNSET AVE RE LLC and your check(s) totaling \$35.00. 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: 313A00027627

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: SUNSET AVG RG LLC

2. (a) Principal office address of limited liability company: 1110 LAKE AVE
(Note: **MUST BE STREET ADDRESS**) WILMETTE, IL 60091

(b) Mailing address of limited liability company: 1110 LAKE AVE
(Note: **MAY BE POST OFFICE BOX**) WILMETTE, IL 60091

03-26-2012
3. Date of filing/registration in Florida

L12 0000 4180 2
4. Document number

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

Registered Agent:

BUSINESS FILINGS INC.

Registered Office Address:

515 E. PARK AVE

TALLAHASSEE, FL 32301

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

NEW Registered Agent:

AMELIA LAKE'S CONDOS LLC

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

23727 BAHAMA POINT
SUITE 1011 TALLAHASSEE
FL 32304

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.

Signature of a member or authorized representative of a member

GREINER
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.

Larry Massa
Signature of Registered Agent

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

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA