

L120000 83241

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JUN 03 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Secured Trustee Services, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000083241

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tenya M. Aulls

Name of Person

Secured Trustee Services, LLC

Name of Firm/Company

1485 International Parkway, Suite 1031

Address

Lake Mary, FL 32746

City/State and Zip Code

Tenya@securedinvestmentlending.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tenya Aulls

Name of Person

at (407) 878-2830

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2016

TENYA M AULLS
1485 INTERNATIONAL PARKWAY, SUITE 1031
LAKE MARY, FL 32746

SUBJECT: SECURED TRUSTEE SERVICES, LLC
Ref. Number: L12000083241

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SECURED TRUSTEE SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00010432

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

1. Name of the limited liability company: Secured Trustee Services, LLC

2. (a) 1485 International Parkway (b) 1485 International Parkway

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Suite 1031

Suite 1031

Lake Mary, FL 32746

Lake Mary, FL 32746

June 25, 2012

L12000083241

3. Date of filing/registration in Florida

4. Document number

5. (a) Laura H Richards, Esq.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

151 Southhall Lane

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 230

Maitland, FL 32751

(b) Tenya M. Aulls

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

1485 International Parkway

NEW Registered Office Address:

Suite 1031

Lake Mary, FL 32746

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.

Tenya M. Aulls
Signature of a member or authorized representative of a member

Tenya M. Aulls
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 605, 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.

Tenya M. Aulls
Signature of Registered Agent

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TALLAHASSEE, FLORIDA