

L12000110051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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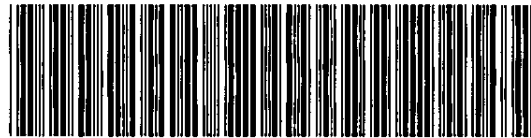
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UACDC Pines One, 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:

William Seiter  
Name of Person

University Area CDC  
Firm/Company

14013 North 22nd Street  
Address

Tampa, Florida 33603  
City/State and Zip Code

WSeiter@UACDC.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Seiter at (813) 558-5812 (Ext. 207)  
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**

September 11, 2014

**WILLIAM SEITER**  
**UNIVERSITY AREA CDC**  
**14013 NORTH 22ND STREET**  
**TAMPA, FL 33613**

**SUBJECT: UACDC PINES ONE, LLC**  
**Ref. Number: L12000110051**

We have received your document for UACDC PINES ONE, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 914A00019475

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: UACDC Pines One, LLC

2. (a) 14013 N. 20th Street (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Tampa FL 33613 \_\_\_\_\_  
\_\_\_\_\_

3. 8/24/2012 4. 11200110051  
Date of filing/registration in Florida Document number

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

Suite 1625, 201 N. Franklin Street  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33602

(b) Marsha G. Rydberg  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Unit 202, 1304 DeSoto Ave.  
NEW Registered Office Address:

Tampa, FL 33606

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] Sarah Combs  
Signature of a member or authorized representative of a member 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 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.

Marsha G. Rydberg  
Signature of Registered Agent

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

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