

L12000110699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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@ 11.7.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UACDC Tampa Pines 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 33613
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) 558-5212 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 TAMPA PINES, LLC
Ref. Number: L12000110699**

We have received your document for UACDC TAMPA PINES, 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: 414A00019476

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14 NOV -6 PM 4:55
DIVISION OF CORPORATIONS
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: VACDC Tampa Pines, LLC

2. (a) 14013 N. 28th Street, Tampa FL 33613 (b) _____
Principal office address of limited liability company: 33613 Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. _____ Date of filing/registration in Florida 4. L120001101099 Document number

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

Suite 11025, 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 Avenue
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]
Signature of a member or authorized representative of a member

Sarah Combs
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

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DIVISION OF CORPORATIONS
14 NOV -6 AM 9:34