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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CTM PROPERTY MANAGEMENT OF ST PETERSBURG 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:

MARK ROESCH  
Name of Person

CTM PROPERTY MANAGEMENT  
Firm/Company

Box 66274  
Address

ST PETERSBURG FL 33736  
City/State and Zip Code

MARK@JMRINC.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK ROESCH at ( 127 ) 535-6157  
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 605.0114, 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: CTM PROPERTY MANAGEMENT OF ST PETERSBURG LLC

2. (a) Principal office address of limited liability company: 13650 66TH ST NO  
(Note: **MUST BE STREET ADDRESS**) LARGO FL 33771

(b) Mailing address of limited liability company: Box 66274  
(Note: **MAY BE POST OFFICE BOX**) ST PETE 33736

9-18-2012  
3. Date of filing/registration in Florida

L12000119614  
4. Document number

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

Registered Agent:

Johnson, Christopher

Registered Office Address:

3798 21ST AVE NO  
ST PETERSBURG  
FLORIDA 33713

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

**NEW** Registered Agent:

Roesch, Mark

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

13650 66TH ST NO  
LARGO FL 33771

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.

MARK ROESCH  
Signature of a member or authorized representative of a member

MARK ROESCH  
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.

MARK ROESCH  
Signature of Registered Agent

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

FILING FEE: \$25.00