L13000000028

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Corporations	
SUBJECT: Banana Lake Prop	erice LC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Patricia Till Ashley Name of Person	
Banava Lake Properties, LLC Firm/Company	
4798 S.FL Ave, PMB 338 Address	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Patricia III Ashley at (at (863) 446-1650 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	: 435 fee being held.
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)



April 29, 2015

PATRICIA JILL ASHLEY BANANA LAKE PROPERTIES LLC 4798 S. FL AVE - PMB 338 LAKELAND, FL 33813-2181

SUBJECT: BANANA LAKE PROPERTIES LLC

Ref. Number: L13000000728

We have received your document for BANANA LAKE PROPERTIES 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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: 615A00008755



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.

I. Na	nme of the limited liability company: Barara La	uke Prope	vares, LLC
2. (a)	1562 Island Cove Rd. Coconut cove 1	Marina (b)	4798 S.FL Ave, PMB #338 Lakeland, PL 33813-2181
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.5. (a)		4.	13 000 000 728 Document number
	Registered Agent and Registered Office shown on the records of the	_	
	1562 Island Cove Rd., Coconut Registered Office Address (MUST BE FLORIDA STREET AL		
	inguistra sinte induition in the same in t		Wiston or man
	F4. Prence FI.	34949	- 29 A A A A A A A A A A A A A A A A A A
(b)	Thomas T. Wohl Enter name of NEW Registered Agent and/or NEW Registered Office Address: NEW Registered Office Address:	Office address:	- R 12: 50
	Sebring ,FL	33870	
the cha agent was/w the art Signa I here provis the obs to mer notifie	imited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable of a member of authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided all reflect a change in the registered office address, I he d in writing of this change.	he registered off pility company, it the limited liability company of the liability compan	it is hereby confirmed that the change(s) it is hereby confirmed that the change(s) itity company or as otherwise provided in company. It Ashbey Baran lake Holdays In. Printed or typed name of signee apacity. I further agree to comply with the any duties, and I am familiar with and accept