

L13000036151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 JAN 29 PM 4:29  
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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

FEB - 3 -



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2016

ACADEMIC PROPERTIES LLC  
LOIS DIMOS  
3749 PARADISO CIR.  
KISSIMMEE, FL 34746

SUBJECT: ACADEMIC PROPERTIES LLC  
Ref. Number: L13000036151

We have received your document for ACADEMIC 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):

We are enclosing the proper form(s) with instructions 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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 116A00000445

RECEIVED  
2016 JAN 29 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Academic Properties 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:

Lois H Dimos

Name of Person

Academic Properties

Firm/Company

3749 Paradise Circle

Address

Kissimmee, FL 34746

City/State and Zip Code

academicproperties@gmail.com

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

For further information concerning this matter, please call:

Lois Dimos

Name of Person

at ( 407 ) 201-2295 or 786-302-  
0607

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 (already paid)

☐ \$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 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: Academic Properties LLC
2. (a) 3749 Paradiso Circle  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
3749  
Kissimmee, FL 34749
- (b) 3749 Paradiso Circle  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 3/11/2013  
Date of filing/registration in Florida
4. L13000036151  
Document number
5. (a) Lois Dimos  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
11244 Little Nellie Dr  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
Clermont, FL 34711
- (b) Lois Dimos  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
3749 Paradiso Cir.  
NEW Registered Office Address:  
Kissimmee, FL 34746

FILED  
2016 JAN 29 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Lois H Dimos  
Signature of a member or authorized representative of a member

LOIS H DIMOS  
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.*

Lois Dimos  
Signature of Registered Agent