

# LI3000093802

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

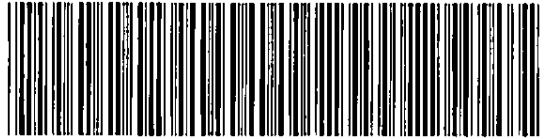
\_\_\_\_\_  
(Business Entity Name)

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

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VIA

## COVER LETTER

9/28/23

TO: Registration Section

Division of Corporations

SUBJECT:

Pine Run Operations LLC  
 Cherrywood Developers LLC  
 Cherrywood Preserve Services LLC  
 Cherrywood Property Management LLC  
 White Stone Funding LLC  
 Ocala Palms Golf & Country Club LLC  
 Ocala Palms Operations LLC  
 Ocala Palms Utilities 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:

Paul J. Guithoil Esq

Name of Person

Firm/Company

23 SE 12<sup>th</sup> Ter

Address

Ocala FL 34471

City/State and Zip Code

paulguithoil@me.com

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

For further information concerning this matter, please call:

Paul Guithoil

Name of Person

at (352) 622-1485

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee X 8 = \$200<sup>00</sup>

☐ \$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: Cherrywood Developers, LLC

2. (a) 5970 NW 18th Pl. (b) 5970 NW 18th Pl.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Ocala, Florida 34482

Ocala, Florida 34482

06/28/13

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3. Date of filing/registration in Florida

4. Document number

5. (a) UHRIK, SARAH E., ESQ.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1028 Lake Sumter Landing

The Villages, FL 32612

(b) GUILFOIL, PAUL J., ESQ.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

23 SE 12th Terrace

Ocala, FL 34471

2023 OCT -1, PM 2:59

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.

Christopher J. Zacco  
Signature of a member or authorized representative of member

Christopher Zacco  
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.*

[Signature]  
Signature of Registered Agent