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October 28, 2013

MARY WALSH 370 CENTERPOINTE CIRCLE SUITE 1136 ALTAMONTE SPRINGS, FL 32701

SUBJECT: EAGLE CREEK COMMERCIAL HOLDINGS, LLC

Ref. Number: L13000110094

We have received your document for EAGLE CREEK COMMERCIAL HOLDINGS, 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 the corrected original and one copy of 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.

Letter Number: 213A00025105

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Eagle Creek Commercial Holdings, LLC

Name of Corporation

DOCUMENT NUMBER:

13000110094

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Walsh

Name of Contact Person

Emerson International, Inc.

Firm/Company

370 CenterPointe Circle Suite 1136

Address

Altamonte Springs, FL 32701

City/State and Zip Code

mwalsh@emerson-us.com

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

For further information concerning this matter, please call:

Mary Walsh

,,40/

332-4480

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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1. Name of the limited liability company: Eagle Creek Commerce	cial Holdings, LLC	
2. (a) Principal office address of limited liability compan	sur 370 CenterPointe Circle Suite 113	ı <b>s</b>
(Note: MUST BE STREET ADDRESS)	Allamonte Springs, FL 32701	<u> </u>
(Note: MOST BE STREET ADDRESS)	Andrew Springs, I'C 32701	
(b) Mailing address of limited liability company:	370 CenterPointe Circle, Suite 113	.6
(Note: MAY BE POST OFFICE BOX)	Aliamonte Springs, FL 32701	
( TOTAL TALLE BET OF THE BON)		
08/05/2013	113000110094	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	a Dept. of State:
Registered Agent:	Kathryn Smith	
Registered Office Address:	370 CenterPointe Circle, Suite 113	6
•	Altamonte Springs, FL 32701	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	Mary Walsh	
NEW Registered Office Address:	Emerson International, Inc.	
(MUST BE FLORIDA STREET ADDRESS)	370 CenterPointe Circle, Suite 1138	3
	Altamonte Springs	,[F]_32701
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	larida atroat address of th	sa ragistared affina
Jonathan Claber		•
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prough and I am familiar with and accept the obligations of my post-hapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capaci per and complete perfor sition as registered agen rely reflect a change in to has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change.
Signature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00