

L13000134356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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19 JUN 27 AM 8:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

JUL 12 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKESHORE MANOR, 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:

ROSALINA ROTHROCK

Name of Person

LAKESHORE MANOR, LLC

Firm/Company

960 WEST LAKESHORE DRIVE

Address

CLERMONT, FL 34711

City/State and Zip Code

rosalina@wpes.net

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

For further information concerning this matter, please call:

ROSALINA ROTHROCK

at (407)

491-9927

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
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: LAKESHORE MANOR, LLC

2. (a) LAKESHORE MANOR, LLC (b) LAKESHORE MANOR, LLW

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

960 WEST LAKESHORE DRIVE

CLERMONT, FL 34711

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2716 REW CIRCLE, SUITE 102

OCOOEE, FL 34761

APRIL 25, 2019

L13000134356

3. Date of filing/registration in Florida 4. Document number

5. (a) Jonathan A. Milanes

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9337 Daney Street

Gotha, FL 34734

(b) ROSALINA ROTHROCK

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

NEW Registered Office Address:

2716 REW CIRCLE, SUITE 102

OCOOEE, FL 34761

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a 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 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.

Rosalina Rothrock

Signature of a member or authorized representative of a member

ROSALINA ROTHROCK

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 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.

Rosalina Rothrock

Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA