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(Requestor's Name)

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(Address)

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

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

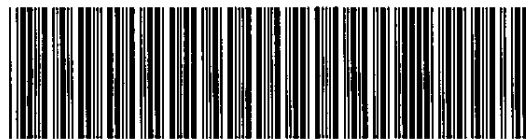
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 DEC -5 PM 4:53  
FALLAHIASSER, M. DRIDZ

B. BOSTICK

DEC - 9 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **DESERT ROSE FL, 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:

**JACOB WEBB**

Name of Person

**GTFE, INC**

Firm/Company

**3330 FAIRCHILD GARDENS AVENUE #32564**

Address

**PALM BEACH GARDENS, FLORIDA 33420**

City/State and Zip Code

**JWEBBPBC@GMAIL.COM**

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

For further information concerning this matter, please call:

**JACOB WEBB**

Name of Person

at ( **561** ) **352-0278**

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

2019 DEC -5 PM 4:53  
TALLAHASSEE, FLORIDA

**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.*

1. Name of the limited liability company: DESERT ROSE FL, LLC

2. (a) Principal office address of limited liability company: 3330 FAIRCHILD GARDENS AVENUE  
**(Note: MUST BE STREET ADDRESS)** #32564

PALM BEACH GARDENS, FLORIDA 33420

(b) Mailing address of limited liability company: 3330 FAIRCHILD GARDENS AVENUE  
**(Note: MAY BE POST OFFICE BOX)** #32564

PALM BEACH GARDENS, FLORIDA 33420

09/26/2013

L13000136400

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

GTFE, INC

Registered Office Address:

1047 SHADY LAKES CIRCLE

PALM BEACH GARDENS, FL 33418

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

**NEW** Registered Agent:

GTFE, INC

**NEW** Registered Office Address:

3330 FAIRCHILD GARDENS AVENUE

**(MUST BE FLORIDA STREET ADDRESS)**

#32564

PALM BEACH GARDENS, FL 33420

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.

Signature of a member or authorized representative of a member

JACOB WEBB

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 608, 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 of Registered Agent

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

**FILING FEE: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2013

JACOB WEBB  
GTFE, INC.  
3330 FAIRCHILD GARDENS AVENUE #32564  
PALM BEACH GARDENS, FL 33420

SUBJECT: DESERT ROSE FL, LLC  
Ref. Number: L13000136400

2013 DEC -5 PM 4:54  
TALLAHASSEE, FLORIDA

We have received your document for DESERT ROSE FL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 613A00025949