

L13000/45841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

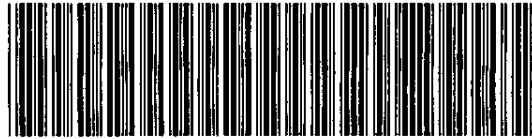
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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NOV 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2016

SUSAN ALLEN
3741 MISSION HILLS RD, #307
NORTHBROOK, IL 60062

SUBJECT: REGENCY TWD, LLC
Ref. Number: L13000145841

RECEIVED
2016 NOV 14 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for REGENCY TWD, 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 registered agent must sign accepting the designation.

Please enter new registered agents' name on line 5b.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 816A00022920

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regency TWD,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:

Susan Allen

Name of Person

Regency TWD, LLC

Firm/Company

3741 Mission Hills Rd #307

Address

Northbrook, IL 60062

City/State and Zip Code

sallen0411@att.net

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

For further information concerning this matter, please call:

Susan Allen

at (708) 494-4841

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 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: Regency TWD, LLC
2. (a) 16921 Gunn Hwy Suite A (b) 3741 Mission Hills Rd #307

Principal office address of limited liability company:

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

Odessa, FL 33556

Mailing address of limited liability company:

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

Northbrook, IL 60062

10/16/2013

L13000145841

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

5. (a) Michael Warnstedt

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

16921 Gunn Hwy Suite A

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

Odessa, FL 33556

- (b) 16921 Gunn Hwy Suite A

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

NEW Registered Office Address:

Odessa, FL 33556

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.

Susan Allen
Signature of a member or authorized representative of a member

Susan Allen

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

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

FILING FEE: \$25.00

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16 NOV 14 PM 3:40
DIVISION OF CORPORATIONS