

L13000163793

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing
date of submission 9/1

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
US HWY 17 PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	0304
Estimated Charge	\$25.00

ATTN: Stacey
Mason

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SEP 03 2015

3 MASON

Electronic Filing Menu Corporate Filing Menu

SECRETARY OF STATE
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2015 SEP -1 A 8:54

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9/2/2015 11:30:35 AM From: To: 8506176383(2/4)
850-617-6381 9/2/2015 8:57:49 AM PAGE 1/001 Fax Server



September 2, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

US HWY 17 PROPERTIES, LLC
6300 RIVERSIDE DRIVE
PARKLAND, FL 33067

SUBJECT: US HWY 17 PROPERTIES, LLC
REF: L13000163793

RE-SUBMIT

Please retain original filing
date of submission 9/1/15

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Stacey M Mason
Regulatory Specialist II

FAX Aud. #: H15000210840
Letter Number: 315A00018510

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15 SEP -2 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US HWY 17 PROPERTIES, 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:

MR. MICHAEL J. CASTELLO
Name of Person

Firm/Company

P.O. Box 4331
Address

LESLIE, IL 60532
City/State and Zip Code

shiggins@runestone-advisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Higgins at (630) 241-0833
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: US HIGH 17 PROPERTIES, LLC

2. (a) 6300 Riverside Drive (b) P.O. Box 4231

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

PARKLAND, FL 33067 Lisle, IL 60534

3. 11/22/2013 4. L13000163793
Date of filing/registration in Florida Document number

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

5401 UNIVERSITY DRIVE, SUITE 104
Registered Office Address (Note: FLORIDA STREET ADDRESS)

CORAL SPRINGS, FL 33065

(b) C T Corporation System

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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]
Signature of a member or authorized representative of a member

Michael J. Costello
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.

C T Corporation System

By Connie Bryan
Signature of Registered Agent

Connie Bryan
Assistant Secretary

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