

L14000012945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

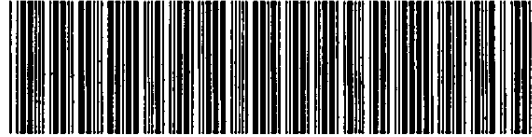
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 14 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SEMINOLE LAND MANAGEMENT, LLC

SUBJECT: _____
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:

KEVIN K ROSS-ANDINO, ESQ.

Name of Person

ECLAT LAW LLP

Firm/Company

2180 W. STATE RD 434 SUITE 2100

Address

LONGWOOD, FL 32779

City/State and Zip Code

KEVIN.ROSS@ECLATLAW.COM

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

For further information concerning this matter, please call:

KEVIN K ROSS-ANDINO **407** **636-7004**

Name of Person at () 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

RECEIVED
2018 MAY -8 AM 7:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2018

KEVIN K ROSS-ANDINO
ECLAT LAW, LLP
2180 W STATE ROAD 434, STE 2100
LONGWOOD, FL 32779

SUBJECT: SEMINOLE LAND MANAGEMENT, LLC
Ref. Number: L14000012945

We have received your document for SEMINOLE LAND MANAGEMENT, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 618A00008541

FILED
2018 MAY -8 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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.

SEMINOLE LAND MANAGEMENT, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

850 SEMINOLE WOODS BLVD

850 SEMINOLE WOODS BLVD

GENEVA, FL 32732

GENEVA FL 32732

01/23/2014

L14000012945

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:
JAMES H. HODGES

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

850 SEMINOLE WOODS BLVD

GENEVA, FL 32732

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

KEVIN K ROSS-ANDINO

NEW Registered Office Address:

2180 W. STATE RD 434 SUITE 2100

LONGWOOD, FL 32779

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.

KEVIN K ROSS-ANDINO

Signature of a member or authorized representative of a member

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 of Registered Agent

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

FILED
2018 MAY -8 PM 1:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA