L14000106315

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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AUG 25 2016 S. YOUNG SECRETARY OF STATE TALL ANASSEE FLORIDA

COVER LETTER

TO: .	Registration Section Division of Corporations		
SUBJ	ECT:	HILLCREST	VILLAGIE
		Name of Limite	ed Liability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Reg	istered Office Change	and fee(s) are submitted for filing.
Please	return all correspondence cor	ncerning this matter to	the following:
	LORRIE NAS	ssofore	
	Name of Pe	rson	
	HILLCREST V	ILLA GE	
	Firm/Comp	any	
	PoB 60831 Address	0	
	Address		
	ORLAMO F City/State and Z	-C 32860	-8310
	City/State and Z	Zip Code	
	SOHOFLA @	9mAIL. CO.	M
Ē	E-mail address: (to be used for	r future annual report	notification)
For fu	rther information concerning	this matter, please call	:
1	ORRIE NASSOFER	at (by	107,616-7757
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADD	PRESS:	MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circ	le	Tallahassee, Florida 32314
	Tallahassee, Florida 32301		
	Enclosed is a check for the	e following amount:	
	\$25 Filing Fee	Ç	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: HILL	CREST V.	ILLAGIE	
2. (a)	(b)		
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	Mailing address of limited (Note: MAY BE POST	
6185 BEGGS ROAD		PO BOX 6	083/0
ORLANDO FL 32810	<u> </u>	ORLA NDO	FL 32860
02/24/2015 Date of filing/registration in Florida		L14000106	-3/5
3. Date of filing/registration in Florida	4.	Document number	
5. (a) LORRIE NASSOFER			
Registered Agent and Registered Office shown on the recor	rds of the Florida Dept	. of State:	5
			AUG AUG
Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)		15 24 16 24
6185 BEGGS ROAD			r: `r
ORIANDO FL	EL 208/0	- 25 m	AHI.
VICTION PC	_, FL_ <u> 3& 870</u>	<u> </u>	•
(b) LORRIE NASSOFER			F S
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office address		
	•		
NEW Registered Office Address:			
6185 BEGGS ROAD			
ORLANDO	,FL <u>328/0</u>	0-2500	
If the limited liability company is not organized under the	he laws of the State	e of Florida, it is hereby con	firmed that after
the change or changes are made, the Florida street addre	ess of the registered	d office and the business off	ice of the registered
agent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the memb	pers of the limited	liability company or as othe	rwise provided in
the articles of organization or the operating agreement of	of the limited liabil	ity company.	^
Signature of a member or authorized representative of a member	<u>_</u>	ORRIE NASSO/ Printed or typed name of	en_
		• •	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and compute obligations of my position as registered agent as protomerely reflect a change in the registered office address notified in writing of this change.	d agree to act in the plete performance ovided for in Chap iss, I hereby confir	his capacity. I further agree of my duties, and I am fami ter 605, F.S. Or, if this doct m that the limited liability co	to comply with the liar with and accept unent is being filed ompany has been
Signature of Registered Agent	_		

FLORIDA DEPARTMENT OF STATE Division of Corporations



Detail by Entity Name

Florida Limited Liability Company

HILLCREST VILLAGE, LLC

Filing Information

Document Number

L14000106315

FEI/EIN Number

47-1264776

Date Filed

07/03/2014

Effective Date

07/03/2014

State

FL

Status

ACTIVE

Principal Address

6185 BEGGS ROAD ORLANDO, FL 32810

Changed: 12/01/2014

Mailing Address

PO BOX 608310

ORLANDO, FL 32860-8310

Changed: 07/12/2016

Registered Agent Name & Address

NASSOFER, LORRIE 3430 OVERLAND ROAD

APOPKA, FL 32703-9415

6185 BEGGS ROAD

ORIANDO PL 32810-2500

Address Changed: 01/25/2016

<u>Authorized Person(s) Detail</u>

Name & Address

Title MGRM

NASSOFER, LORRIE PO BOX 608310 ORLANDO, FL 32860-8310

Annual Reports

Report Year

Filed Date

2015 2016

02/24/2015 04/25/2046