## L-14000148991

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
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(Business Entity Nam	ne)						
(Document Number)							
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

DEC 29 2014 T. CARTER

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## COVER LETTER

TO: Registration Division of	n Section Corporations
SUBJECT:	CREEKSIDE APPRAISALS
	Name of Limited Liability Company
Dear Sir or Madam:	:
The enclosed Regist	tered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
KEVIN	Name of Person
CREE	KSINE APPRAISALS Firm/Company
24801	NW CR 1491  Address
ALACH	uA, FL 32615
	City/State and Zip Code
	NO CREEKSIDE APPRAISALS LLC. COM
E-mail addres	ss: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
KEVIN 7	BROWN at (352) 339 - 5646  me of Person Area Code & Daytime Telephone Number
STREET/O Registration Division of Clifton Bui 2661 Exect	COURIER ADDRESS: MAILING ADDRESS: no Section Registration Section  Corporations Division of Corporations
Enclosed is	s a check for the following amount:
□ \$25 Filir	ng Fee \$\square\$ \$55 Filing Fee & Certified Copy
INHS18 (2/14) P	REVIOUSLY PAID - THS 15 A CORRECTION



November 18, 2014

KEVIN W. BROWN CREEKSIDE APPRAISALS LLC 24801 NW CR 1491 ALACHUA, FL 32615 US

SUBJECT: CREEKSIDE APPRAISALS, LLC

Ref. Number: L14000148991

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

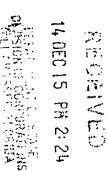
The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 714A00024475



## 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.

I. Na	me of the limited liability company:	76510	=	AP	PRA	15A	LS	
2. (a)		_ (b) _						
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)_			-		d liability c	
	24801 NW CR1491		2	1801	NW	CR	1491	
	ALACHUA, FL 32615		A	LACA	tuA,	FL	. 1491 326	15
	9/23/2014		L14000/48991					
3.	Date of filing/registration in Florida	4.		Doc	ument n	umber		
5. (a)	UNITED STATES CURPORATION Registered Agent and Registered Office shown on the records of the							
	13302 WINDING OAKS C		-					
	Registered Office Address (MUST BE FLORIDA STREET A.	<del>.</del>					7	AL.
	SHITE A						DEC	ORE T
	TAMPA ,FL	334	12	<u> </u>			55	ARY ARY SSE
(b)	KEVIN W. BIZOWN						PH 12: 00	OF ST
	Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u>:55</u> :			•	00	RATE
	24801 NW CR 1491							, <b>D</b>
	NEW Registered Office Address:							
	ALACHUA	320	و ا م					
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility com the limite	red of pany, ed liab	fice and it is her ility cor	l the bus eby con npany o	iness of	ffice of the that the c	ne registere hange(s)
	Kurza.					BR	لہ سن	
Signa	ture of a member or authorized representative of a member		ت س	Prin	ted or typ	ed name	کر کن of signec	
provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act in performand for in Cho ereby conj	this c ce of t apter firm th	capacity ny dutie 605, F.S iat the l	e. I furthes, and I S. Or, if imited li	ner agre am fan this do iability	ee to com uiliar with cument is company	ply with the h and accep s being filed has been

Signature of Registered Agent