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(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	200302007682
(Business Entity Name)	08/05/170101/016 ••35.10
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Special Instructions to Filing Officer:	SEP - 7 AH 10: 50

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2017

CYNTHIA CROOM BUTLER ENTERPRISES 3217 SW 35TH BLVD GAINESVILLE, FL 32608

SUBJECT: STENGEL FIELD NORTH, LLC Ref. Number: L15000091585

We have received your document for STENGEL FIELD NORTH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist III

Letter Number: 217A00015987



2011 - T 1107 20

August 15, 2017

Registration Section Division of Corporations P. O. Box 6327 Tallahassee FL 32314

Dear Sirs:

Recently, we filed forms to change the Registered Agent for numerous LLC's. Each form was accompanied by a \$35.00 check, all of which have been processed by the Department of State. We have since been advised that the forms we utilized were incorrect, and the proper filing fee is \$25.00.

QQ

Enclosed are Cover Letters and Statements of Change for each of the Entities listed below. We request that these forms be filed, and that a check be issued to each of the following, in the amount of \$10.00 as a refund of the \$10.00 overpayment for each filing.

Maxster LLC	L14000085543		
Zane Grey LLC	L11000116669		
,			
Pisgah Pike LLC	L12000103883		
Butler Investments Company LLC	L0000002311		
Butier Development Company LLC	L0000002312		
Lakeshore Towers LLC	L14000056080		
Esplanade at Butler Plaza LLC	L16000003123		
Maxwell Investments LLC	L14000052239		
Wonderful Wizards LLC	L16000179380		
Stengel Field North LLC	L15000091585		
Shelt Investments LLC	L15000179004		
Invictus Investments LLC	L15000111602		
Pitt Special LLC	L14000085541		
Pitt Special Odyssey LLC	L15000195368		
Roads of Gold LLC	L16000187198		
BP North Retention LLC	L14000004200		
Maximillian LLC	L13000033789		



Maximillian Designs LLC	L13000098426
Maxwell Properties of Gainesville LLC	L14000085672
Bodester LLC	L15000092331
Melrose Bay LLC	L13000033783
Maxmillian Investments LLC	L12000090500
Zenyatta, LLC	L10000123177
Stengel Field LLC	L13000156358
S. Clark Butler Proerties Ltd	A98000002726

All of the refund checks may be mailed to 3217 SW 35<sup>th</sup> Blvd., Gainesville FL 32608.

Butler Enterprises / 1 \_ \_\_\_\_\_ / IC 7

Cýnthia Croom Sr. Financial Analyst



#### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Stengel Field North 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:

Cynthia Croom

Name of Person

**Butler Enterprises** 

Firm/Company

3217 SW 35th Blvd

Address

Gainesville FI 32608

City/State and Zip Code

## corporate@butlerenterprises.com

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

For further information concerning this matter, please call:

# Cynthia Croom

Name of Person

372-3581 X 317

Area Code & Daytime Telephone Number

352

at (

### 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:

INHSI8 (2/14) Prepard

\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.	Na	me of the limited liability company:Stengel Field	i North	LLC		
2	(a)	Stengel Field North LLC		(b) Stengel I	Field North LLC	
	(4)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			lailing address of limited li ( <u>Note: MAY BE POST (</u>	
		3217 SW 35th Blvd		3217 SW	/ 35th Blvd	
		Gainesville FL 32608		Gainesvil	lle FL 32608	
		05/26/2015		<b>└</b> 1500009	91585	
3.		Date of filing/registration in Florida	4.	[	Document number	
5.	(a)	Presnick, Cory				
	(,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET) 3217 SW 35th Blvd	ADDRE.	17 17		prvision 17 SE
		Gainesville, Fl	3260	8		SECHALIAN ISION OF C
	(b)	Deborah J. Butler				/m m
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office :	iddress:		AH 10: 5
		NEW Registered Office Address:				0 7
		3217 SW 35th Blvd				
		Gainesville Fl	3260	8		
the age wa	e cha ent v is/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg iability of the li	gistered office company, it is mited liability	and the business offic hereby confirmed that company or as otherw	ce of the registered it the change(s)
		Dorah R. ti	D	eborah J. Bu		
	Signal	ture of a member or authorized representative of a member			Printed or typed name of s	signee
pre the to no	ovisi v obl mere tified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide rly reflect a change in the registered office address. I I-in writing of this change.	ree to a 2 perfor 2d for in hereby	ct in this capa mance of my d Chapter 605, confirm that th	city. I further agree t uties, and I am famili. F.S. Or, if this docu he limited liability cor	o comply with the ar with and accept ment is being filed mpany has been
Sig	enatu	re of Registered Agent				

Division of Corporations 

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00