

L16000135631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

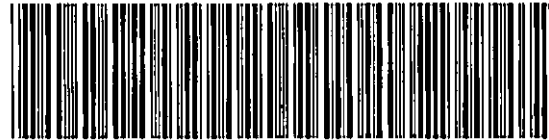
(Business Entity Name)

(Document Number)

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FILED
18 OCT 22 AM 8:00
STATE OF FLORIDA
TALLAHASSEE

K SAIY
OCT 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2018

ALBA PROPERTY MANAGEMENT LLC
ALASDAIR N MACLENNAN
2346 ALLEN CT.
KISSIMMEE, FL 34746

SUBJECT: ALBA PROPERTY MANAGEMENT LLC
Ref. Number: L16000135631

We have received your document for ALBA PROPERTY MANAGEMENT LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 518A00019938

④

2018 OCT 22 PM 3:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBA PROPERTY MANAGEMENT LLC dba ORLANDO VILLA SOLUTIONS
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:

Alasdair N MacLennan

Name of Person

Alba Property Management LLC

Firm/Company

2346 Allen Ct

Address

Kissimmee, FL 34746

City/State and Zip Code

alasdair@orlandovillasolutions.com

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

For further information concerning this matter, please call:

Alasdair MacLennan

Name of Person

321

at ()

217-2791

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: ALBA PROPERTY MANAGEMENT LLC

2. (a) 2346 ALLEN CT, KISSIMMEE, FL 34746 (b) 2346 ALLEN CT, KISSIMMEE, FL 34746
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 7/19/2016 Date of filing/registration in Florida 4. L16000135631 Document number

5. (a) ALASDAIR N MACLENNAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1345 SEASONS BLVD.

KISSIMMEE, FL 34746

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

NEW Registered Office Address:

2346 ALLEN CT

KISSIMMEE, FL 34746

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TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

ALASDAIR N MACLENNAN

Printed or typed name of signer

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