L16000 213579

(Requestor's Name)					
(Address)					
(Address)					
(Addless)					
(City/State/Zip/Phone #)					
PICK-UP WAIT M	AIL				
(Business Entity Name)					
(aconiece and, realite)					
(Document Number)					
Certified Copies Certificates of Status _					
Special Instructions to Filing Officer:					
·					

Office Use Only



000296046340

03/03/17--01013--014 **25.00

17 MB -3 HH 1: 13

O SIMMONS MAR 6 2017

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: FAIR LILLIE ESTATES, LL	С	
	Nan	ne of Limited L	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	following:
JANI	S HROBAR		
	Name of Person		
	Firm/Company		
303 \$	SILVER MAPLE ROAD		
	Address		
GRO	VELAND, FL 34736		
	City/State and Zip Code		_
hroba	ar@aol.com		
E	-mail address: (to be used for future ann	nual report notif	ication)
For fur	ther information concerning this matter	, please call:	
JANIS	SHROBAR	407 at (925-6351
	Name of Person	, , , , , , , , , , , , , , , , , , , ,	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:
	Registration Section		gistration Section
	Division of Corporations		vision of Corporations
	Clifton Building 2661 Executive Center Circle		O. Box 6327 Ilahassee, Florida 32314
	Tallahassee, Florida 32301	1 a.	nanassee, Fiorida 32314
	Enclosed is a check for the following	g amount:	
	☑ \$25 Filing Fee	□ \$5	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. N	lame of the limited liability company: FAIR LILLIE	ESTATE	S, LLC	····		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	lailing address of limited (Note: MAY BE POST	liability comp	•
	303 Silver Maple Road		303 Silve	er Maple Road		
	Groveland, FL 34736	Groveland, FL 34736				
	11/22/2016	L	_1600021	3579		
3.	Date of filing/registration in Florida	— _{4.} –		Document number		
5. (a)					
(Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State:	:		
	RODNEY J. HROBAR, SR.				₩ 5÷ —	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	303 Silver Maple Road					George Service
	Groveland	_L 34736	_		ို င်	inita)
		L			1 23m	
(b)						
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:		့် သ	
	JANIS HROBAR					
	NEW Registered Office Address:					
	303 Silver Maple Road					
	Groveland , F	_L 34736				
the chagent was/wathe arr	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized by an affirmative vote of a member of the authorized representative of a member)	of the regist liability cor of the limit e limited lia	ered office npany, it is ted liability ability com IS HROB	and the business off hereby confirmed the company or as other pany.	ice of the re lat the chan rwise provi	egistered ge(s)
I here provis the ob to men notifie	eby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, led in writing of this change.	gree to act i e performa ed for in Ci I hereby coi	in this capa	city I further agree	to comply	with the d accept ing filed been

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

(Signature of Registered Agent)