## L170002/8335

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
, , , , ,								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Dualicas Entry Haire)								
(2)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





900328250459

04/25/19--01012--005 \*\*25.00

PAFR 25 PM 1: 10

O SIMMONS

## **COVER LETTER**

TO:	Registration Section Division of Corporations									
SUBJE	PRIMROSE VILLAS AND F	PRIMROSE VILLAS AND PROPERTY MANAGEMENT LLC								
SUBJE		Name of Limited Liability Company								
Dear Si	r or Madam:									
The end	closed Registered Agent/Registered Of	fice Change	and fe	e(s) are submitted for filing.						
Please i	return all correspondence concerning the	his matter to	the fo	llowing:						
GEOF	RGE TARURU									
	Name of Person			-						
<u>.</u>	F: 40			-						
	Firm/Company									
3060	SEAVIEW CASTLE DR									
	Address			-						
KISSI	MMEE FL 34746									
	City/State and Zip Code			-						
ITSOI	LUTIONZ407@GMAIL.COM									
E	-mail address: (to be used for future an	nual report n	otifica	ation)						
For fur	ther information concerning this matter	r, please call:								
GEOF	RGE TARURU	407 at (		625-8024						
	Name of Person			Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314						
	Tallahassee, Florida 32301									

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

**☑** \$25 Filing Fee

## 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. 1	Name of the limited liability company:	PRIMROSE V	ILLAS .	AND PRO	DPERTY M	ANAGEMENT LLC
2. (a	215 CELEBRATION PL SUITI	E 520	(b)	3060 SE	EAVIEW CA	ASTLE DR
<b>\</b>	Principal office address of limited li (Note: MUST BE STREET A		_ (-)		-	of limited liability company: BE POST OFFICE BOX)
	KISSIMMEE FL 34747		_	KISSIMA	MEE FL 34	746
	10/23/2017		<del>-</del> 1	L1700021	8335	
3.	Date of filing/registration in	1 Florida	4.		Document no	umber
5. (a	GEORGE TARURU					
	Registered Agent and Registered Office sho 3060 SEAVIEW CASTLE DR	:				
	Registered Office Address (MUST BE F	LORIDA STREET A	DDRESS)			
	KISSIMMEE	, FL	34746			19 APR
(b) .	Enter name of <u>NEW Registered Agent</u> and	for <u>NEW Registered (</u>	Office add	<u>ress</u> :		FILED PR 25 PM
	GEORGE TARURU					10 10
	NEW Registered Office Address:					
	215 CELEBRATION PL SUIT	E 520				
	KISSIMMEE	, FL_ <u>`</u>	34747			
the ch agent was/v	limited liability company is not organ nange or changes are made, the Florida will be identical. Or, in the case of a vere authorized by an affirmative vote ticles of organization or the operating	street address of t Florida limited lial of the members of	the regist bility cor the limi	tered office mpany, it is ted liability	and the busing hereby confi company or	ness office of the registered irmed that the change(s)
	- Car				Feorge	d name of signee
l herovi: the ol to me notific	nature of a number of authorized representative eby accept the appointment as register stions of all statutes relative to the pro- politions of proposition as registered rely reflected change in the registered ed in writing of this change.  Ture of Registered Agent	red agent and agre	ee to act i performa for in C ereby co.	in this cana	ecity I furthe	or agree to comply with the