

L18 000105421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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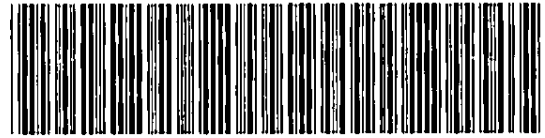
(Business Entity Name)

(Document Number)

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R. WHITE  
JAN 11 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Margaritavilla 8057 LLC  
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:

Irene Zurawski  
Name of Person

Margaritavilla 8057 LLC  
Firm/Company

201 Christina Drive  
Address

East Dundee, IL. 60118  
City/State and Zip Code

ipalumbo529@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Klingenberg at ( 847 ) 476-1022  
Name of Person 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: Margaritavilla 8057 LLC

2. (a) Phone #: 847-844-0842 (b) Phone #: 847-844-0842

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
201 Christina Drive  
East Dundee, IL. 60118

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
201 Christina Drive  
East Dundee, IL. 60118

3. April 23, 2018 Date of filing/registration in Florida 4. L18000105421 Document number

5. (a) CT Corporation System  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Phone #: 877-467-3525  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1200 South Pine Island Road #250  
Plantation, FL 33324

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

NEW Registered Office Address:  
8011 Fins Up Circle  
Kissimmee, FL 34747

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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]  
Signature of a member or authorized representative of a member

David Pedersen  
Printed or typed name of signee

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]  
Signature of Registered Agent