

L95000000873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

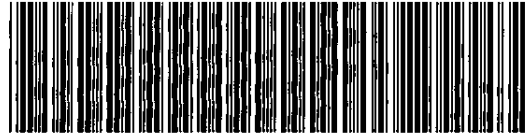
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200188254462

12/06/10--01015--019 **245.00

FILED

10 DEC 27 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campbell Groves, L.C.
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:

Michael D. Fowler

Name of Person

The Estate, Trust & Elder Law Firm, P.L.

Firm/Company

240 NW Peacock Boulevard, Suite 102

Address

Port St. Lucie, FL 34986

City/State and Zip Code

mfowler@etelf.com

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

For further information concerning this matter, please call:

Michael D. Fowler

Name of Person

at (772)

878-7271

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

FILED
10 DEC 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Campbell Groves, L.C.

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

650 N. Rock Road
Ft. Pierce, FL 34954

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

P.O. Box 2457
Ft. Pierce, FL 34954

11/09/1995

L95000000873

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: Michael D. Fowler

Registered Office Address: 650 N. Rock Road
Ft. Pierce, FL 34954

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

NEW Registered Agent: Michael D. Fowler

NEW Registered Office Address: 240 NW Peacock Boulevard
(MUST BE FLORIDA STREET ADDRESS) Suite 102
Port St. Lucie, FL 34986

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.

KTS
Signature of a member or authorized representative of a member

Kenneth T. Scott, MGR

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 608, 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2010

MICHEAL D FOWLER
THE ESTATE TRUST AND ELDER LAW FIRM PL
240 N PEACOCK BLVD - STE 102
PORT ST LUCIE, FL 34986

SUBJECT: CAMPBELL GROVES, LLC
Ref. Number: L95000000873

We have received your document for CAMPBELL GROVES, LLC and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A0002851

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 27 AM 11:11

FILED