

L970000000987

Requestor's Name	
Address	
City/State/Zip	Phone #

400002715844--9  
-12/18/98--01054--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 JAN 19 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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24 C  
1-19-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 5, 1999

CHRISTEL RYAN  
10 FLAMINGO HAMMOCK ROAD  
ISLAMORADA, FL 33036

SUBJECT: ISLAMORADA VILLAGE PROPERTIES, L.C.  
Ref. Number: L97000000987

We have received your document for ISLAMORADA VILLAGE PROPERTIES, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 899A00000332

revised / returned  
1/13/99

DIVISION OF CORPORATIONS

99 JAN 19 AM 8:08

RECEIVED

Florida Department of State, Sandra B. Mortham, Secretary of State  
**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 organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the limited liability company is: Islamorada Village Properties, L.C.

1b. The mailing address of the limited liability company is: P.O. Box 973  
Islamorada, FL 33036

1c. Date of filing/registration in Florida: Sep 9, 1997 Document number: L97000000987

2. The name and address of the current registered agent and office:

Corporate Creations Enterprises, Inc.  
4521 P.G.A. Boulevard #211  
Palm Beach Gardens, FL 33418

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

Christel C. Ryan  
Islamorada Village Properties, L.C.  
10 Flamingo Hammock Rd.  
Islamorada, FL 33036

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

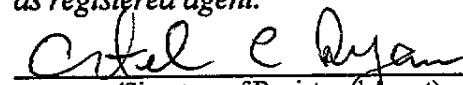
Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

  
(Signature of a member or  
authorized representative of a member)

12/15/98  
(Date)

Dennis R. Ryan, President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 obligation of my position as registered agent.

  
(Signature of Registered Agent)

12/15/98  
(Date)

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