

L9800000 1469

(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



100249248461

07/01/13--01007--025 **35.00

FILED
2013 JUL 25 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 26 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2013

DONALD GOODING
PRIMROSE PROPERTY MANAGEMENT LLC
825 DAFFODIL DR.
WELLINGTON, FL 33414

SUBJECT: PRIMROSE PROPERTY MANAGEMENT LLC
Ref. Number: L98000001469

FILED
2013 JUL 25 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PRIMROSE PROPERTY MANAGEMENT LLC 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) 245-6051.

Sean Toner
Senior Section Administrator

Letter Number: 213A00016912

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMROSE PROPERTY MANAGEMENT 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:

Donald Gooding
Name of Person

PRIMROSE PROPERTY MANAGEMENT LLC
Firm/Company

825 Daffodil Drive
Address

WELLINGTON, FL 33414
City/State and Zip Code

dca5962@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Gooding at (561) 602 6857
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

FILED
2013 JUL 25 PM 2:39
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: PRIMROSE PROPERTY MANAGEMENT LLC

2. (a) Principal office address of limited liability company: 825 Daffodil Drive
Wellington, FL 33414
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 825 Daffodil Drive
Wellington, FL 33414
(Note: MAY BE POST OFFICE BOX)

08/18/1998
3. Date of filing/registration in Florida

L 98000001469
4. Document number

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

Registered Agent: Donald Gooding

Registered Office Address: 1738 Primrose Lane
Wellington, FL 33414

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

NEW Registered Agent: _____

NEW Registered Office Address: 825 Daffodil Drive
Wellington, FL 33414
(MUST BE FLORIDA STREET ADDRESS)

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.

Donald Gooding
Signature of a member or authorized representative of a member

Donald Gooding
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.

Donald Gooding
Signature of Registered Agent

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

FILED
2013 JUL 25 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA