

L9900000833/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

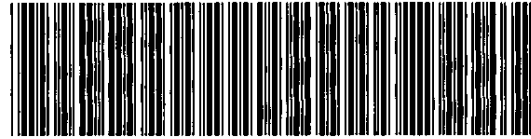
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100181851981

06/14/10--01045--010 \*\*25.00

FILED  
10 JUN 14 AM 11:48  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

JUN 15 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CROTON PROPERTIES 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:

Mary Kate Welsh

Name of Person

CROTON PROPERTIES LLC

Firm/Company

397 Lake Arbor Drive

Address

Palm Springs, FL 33461

City/State and Zip Code

monole29@aol.com

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

For further information concerning this matter, please call:

Mary Kate Welsh

Name of Person

at ( 561 )

352-8698

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 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: CROTON PROPERTIES LLC

2. (a) Principal office address of limited liability company: Mary Kate Welsh

☐

(Note: **MUST BE STREET ADDRESS**)

397 Lake Arbor Drive  
Palm Springs, FL 33461

(b) Mailing address of limited liability company: Mary Kate Welsh

☐

(Note: **MAY BE POST OFFICE BOX**)

397 Lake Arbor Drive  
Palm Springs, FL 33461

12/1/99

3. Date of filing/registration in Florida

L99000008331

4. Document number

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

Registered Agent: Patrick O'Connell

Registered Office Address: 610 Clematis Street  
808  
West Palm Beach, FL 33401

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

**NEW** Registered Agent: Mary Kate Welsh

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**) 397 Lake Arbor Drive  
Palm Springs, FL 33461

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 of a member or authorized representative of a member

Patrick O'Connell

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.

Mary Kate Welsh

Signature of Registered Agent

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

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS  
10 JUN 14 AM 11:11