

1704000062677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

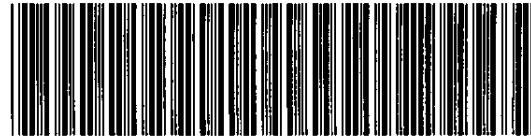
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 23 PM 3:30

L. Hampton JAN 24 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TPFLA HOMES LLC
Name of Limited Liability Company
FED. TAX I.D. # 26-0092917

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:

JUDY DALEX-WRIGHT
Name of Person

TPFLA HOMES, LLC
Firm/Company

1055 ST. PAUL PLACE
Address

CLINT OH 45202
City/State and Zip Code

JUDE@TOWNEPROPERTIES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY DALEX-WRIGHT at (513) 345-6935
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 JAN 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 5, 2012

JUDY DALEY-WRIGHT
1055 ST PAUL PLACE
CINCINNATI, OH 45202

SUBJECT: TPFLA HOMES, LLC
Ref. Number: M04000002677

We have received your document for TPFLA HOMES, 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):

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

Please return the corrected original and one copy of 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
Registration/Qualification Section

Letter Number: 212A00000314

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: TPFLA HOMES LLC

2. (a) Principal office address of limited liability company: 1055 ST. PAUL PLACE
CINTI OH 45202
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1055 ST. PAUL PLACE
CINTI OH 45202
(Note: MAY BE POST OFFICE BOX)

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:

CT CORPORATION

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION

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

NEW Registered Agent:

RON PARMITER

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

12780 MAIDEN LANE LN.
BONITA SPRINGS
FL 34135

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

JOHN TWOMBLY
Printed or typed name of signer

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 of Registered Agent

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