

M04000002921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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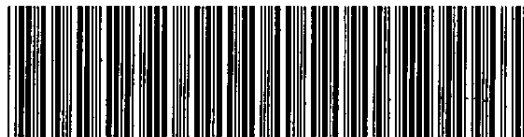
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. C. State AUG 26 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUMAN PARK, 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:

EILEEN BURNJAS  
(Name of Person)

TRUMAN PARK, LLC  
(Firm/Company)

P. O. BOX 49437  
(Address)

SARASOTA, FL 34230-6437  
(City/State and Zip Code)

For further information concerning this matter, please call:

EILEEN BURNJAS at ( 941 ) 951-2130  
(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

**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: TRUMAN PARK, LLC

2. (a) Principal office address of limited liability company: 1549 RINGLING BLVD.  
SUITE 101  
SARASOTA, FL 34236

(b) Mailing address of limited liability company: P. O. BOX 49437  
SARASOTA, FL 34230-6437

07/21/2004  
3. Date of filing/registration in Florida

M04000002921  
4. Document number

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

Registered Agent: FRANK MENKE III

Registered Office Address: 1515 RINGLING BLVD.  
SUITE 890  
SARASOTA, FL 34236

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

NEW Registered Agent:


NEW Registered Office Address:  
(MUST BE FLORIDA STREET ADDRESS)  
1549 RINGLING BLVD.  
SUITE 101  
SARASOTA, FL 34236

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)

FRANK MENKE III  
(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 of Registered Agent)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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