

Mo6000006113

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
08 JUN 19 PM 2:37

J. BRYAN

JUN 23 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2008

LND MILROSE, LLC  
P.O. BOX 284  
GALENA, OH 73021

SUBJECT: LND MILROSE, LLC  
Ref. Number: M06000006113

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We have received your document for LND MILROSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form to make changes to a Foreign Limited Liability Company

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 908A00033099

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LND Milrose, 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:

Lora D'Souza

(Name of Person)

LND Investment Corp.

(Firm/Company)

Po Box 284

(Address)

Galena OH 43021

(City/State and Zip Code)

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For further information concerning this matter, please call:

Lora D'Souza at ( 614 ) 865-9435  
(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: LND Milrose, LLC

2. (a) Principal office address of limited liability company: Lora D'Souza  
6025 Sun Blvd # 401  
St. Petersburg FL 33715  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: Lora D'Souza  
PO Box 284  
Galena OH 43021  
**(Note: MAY BE POST OFFICE BOX)**

11/02/2006  
3. Date of filing/registration in Florida

MD6 000006113  
4. Document number

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

Registered Agent:

Gardner C Cole, Jr

Registered Office Address:

2856 Central Ave  
St. Petersburg FL 33715

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

**NEW Registered Agent:**

Lora D'Souza

**NEW Registered Office Address:**

6025 Sun Blvd # 401

**(MUST BE FLORIDA STREET ADDRESS)**

St. Petersburg, FL 33715

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

Lora D'Souza  
(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]  
(Signature of Registered Agent)

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

**FILING FEE: \$25.00**

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