

1107 000001746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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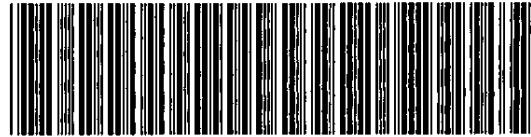
(Business Entity Name)

(Document Number)

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T. CLINE

FEB 14 2012

EXAMINER

SECRETARY OF STATE  
ALL REQUESTS  
FLORIDA

2012 FEB 13 PM 1:56

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Smith Lake Shores Village 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:

Robert Rissman  
Name of Person

Smith Lake Shores Village  
Firm/Company

6230 Orchard Lake Rd Ste. 100  
Address

West Bloomfield MI 48322  
City/State and Zip Code

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

For further information concerning this matter, please call:

Anita Haddock at ( 248 ) 539-3790  
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

SECRETARY OF STATE  
OFFICE OF REVENUE & FINANCE  
TALLAHASSEE, FLORIDA 32301

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**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: Smith Lake Shores Village
2. (a) Principal office address of limited liability company: Smith Lake Shores Village  
(Note: **MUST BE STREET ADDRESS**) <sup>SL</sup> 9701 East Hwy 25 #274  
Belleview FL 34420
- (b) Mailing address of limited liability company: Smith Lake Shores Village  
(Note: **MAY BE POST OFFICE BOX**) <sup>HERC</sup> 6230 Orchard Lake Rd ste 100  
West Bloomfield, MI 48322
3. Date of filing/registration in Florida 2/1/1989
4. Document number MO7000001746
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Robert Puttre  
Registered Office Address: 9701 East Hwy 25 #274  
Belleview FL 34420
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Leonard R. Lewis  
**NEW Registered Office Address:** Same as above  
(**MUST BE FLORIDA STREET ADDRESS**) \_\_\_\_\_, FL \_\_\_\_\_

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.

Robert K. Rissman  
Signature of a member or authorized representative of a member

Robert K. Rissman  
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.*

Leonard R. Lewis  
Signature of Registered Agent

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