

1109000002717

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(Address)

(Address)

(City/State/Zip/Phone #)

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2010 OCT 12 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

OCT 13 2010

EXAMINER

**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: Cascade Saddlebrook LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒ (Note: **MUST BE STREET ADDRESS**) 2801 Alaskan Way, Suite 200  
Seattle, WA 98121

(b) Mailing address of limited liability company: \_\_\_\_\_

☒ (Note: **MAY BE POST OFFICE BOX**) 2801 Alaskan Way, Suite 200  
Seattle, WA 98121

7/14/2009  
3. Date of filing/registration in Florida

M09000002747  
4. Document number

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

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

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

**NEW** Registered Agent: NRAI Services, Inc.

**NEW** Registered Office Address: 2731 Executive Park Drive, Suite 4  
**(MUST BE FLORIDA STREET ADDRESS)** Weston, FL 33331

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.

Kathleen Gariepy  
Signature of a member or authorized representative of a member

Kathleen Gariepy, Member  
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.*

by: Kathleen Gariepy  
Signature of Registered Agent Kathleen Gariepy, Asst. Secr.

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



**NRAI  
CORPORATE  
SERVICES**  
An NRAI Solutions Company

[kgariepy@nrai.com](mailto:kgariepy@nrai.com)

## MEMO

Date: October 8, 2010

To: Florida Corporations Division

From: K.C. Gariepy

Re: Cascade Saddlebrook LLC  
Cascade Mobley Park LLC  
American Management Services LLC  
Cascade Centro Asturiano LLC  
CAP Development Company, LLC  
CAH-IDA Stirling Phase II LLC  
CAH-IDA Stirling Phase I LLC  
CAH-IDA Running Brook LLC  
CAH-IDA Pine Meadows LLC  
CAH-IDA Park Villas LLC

*Stirling Apartments II, Ltd.*

*Cedar Grove Apartments, Ltd.  
Emerald Dunes Apartments, Ltd.  
Lakeside Commons, Ltd.*

Please file the attached change of agent documents. I have included and checked and extra copy for each. Please return evidence of filing in the self addressed stamped envelope provided.

If any questions or problems, please call or email.

Thanks so much!

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STATE  
TALLAHASSEE  
FLORIDA