

Division of Corporations Electronic Filing Cover Sheet

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(((H110002812303)))



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To:

Division of Corporations
Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
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Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	3 :	

HELTELVED INOV 30 PM 2: 46 ECRETARY OF STATE

LLC REGISTERED AGENT CHANGE PENNIE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	x 3
Estimated Charge	\$25.00

11/30/2011

From:

COVER LETTER

Division of Corporations						
SUBJECT: PENNIE PROPERTIES, LLC	PCT. PENNIE PROPERTIES, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
Janet Seltzer Name of Person						
PENNIE PROPERTIES, LLC						
Firm/Company						
352 SOUTH 12TH STREET						
Address						
LINDENHURST NY 11757						
City/State and Zip Code						
PENNIEPROPERTIE O OPTONLINE NET B-mail address: (to be used for further annual report notification)						
For further information concerning this matter	er, please call:					
Janet Seltzer	at (5 6) 942-8500 Area Code & Daytime Telephone Number					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:					
Division of Corporations	Registration Section Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

PL015 - 11/16/2010 C 7 System Online

INHS18 (5/08)

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: PENNIE PROP	EKTIES, LLC	
2. (a) Principal office address of limited liability compa	142 COUTH 12TH ST	REET
(Note: MUST BE STREET ADDRESS)	LINDENHURST NY 11757	
(b) Mailing address of limited liability company:	352 SOUTH 12TH ST	REET E
(Note: MAY BE POST OFFICE BOX)	LINDENHURST NY 11757	ECC:
09/14/2010	M10000004049	OV 30
3. Date of filing/registration in Florida	4. Document number	m _c
5. (a) Registered Agent and Registered Office shown of Registered Agent:	on the records of the Florida D NAPLES-LAWDOCK, INC.	ept. of Signate: 69.
Registered Office Address:	1395 PANTHER LANE SUITE	300
V	NAPLES FL 34109 US	
NEW Registered Agent: NEW Registered Office Address:	C T Corporation System 1200 South Pine Island Road	
NEW Registered Office Address:	1200 South Pine Island Road	
(MUST BE FLORIDA STREET ADDRESS)	Plantation	,FL_33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as oft or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the rentical. Or, in the case of a Fleck) was/were authorized by an herwise provided in the article	registered office orida limited i affirmative vote
Janet Seltzer		
Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity, proper and complete performe position as registered agent a merely reflect a change in the any has been notified in writing.	I further agree to ance of my duties, is provided for in registered office ig of this change.

By: Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (05/08)

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