

MI 3000006750

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please include the date of submission 9/2

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

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RECEIVED
14 SEP -3 AM 8:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC REGISTERED AGENT CHANGE
LANDMARK AT LAKE ELLENOR GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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LCRA Change

9-3-14

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9/3/2014 8:51:01 AM PAGE

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September 3, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LANDMARK AT LAKE ELLENOR GP, LLC
825 PARKWAY STREET
SUITE 4
JUPITER, FL 33477

RE-SUBMIT

Please retain original filing
date of submission 9/2

SUBJECT: LANDMARK AT LAKE ELLENOR GP, LLC
REF: M13000006750

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: B14000205187
Letter Number: 614A00018729

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Landmark at Lake Ellenor GP, 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:

Name of Person

CT Corporation System

Firm/Company

515 East Park Avenue

Address

Tallahassee, FL 32301

City/State and Zip Code

sharris@latapl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri McLaughlin at (913) 281-2907
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

DHS14 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Landmark at Lake Ellenor GE LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
825 PARKWAY STREET, SUITE 4
JUPITER, FL 33477

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
825 PARKWAY STREET, SUITE 4
JUPITER, FL 33477

3. 10/24/2013 Date of filing/registration in Florida

4. M13000006750 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road

Plantation, FL 32324

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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

James Miller 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 605, 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: [Signature] Judith Argeo
Signature of Registered Agent Vice President
and Assistant Secretary

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