

N940000006188

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Las Brisas Twin Villas Condominium Association Inc  
Name of Corporation

**DOCUMENT NUMBER:** N94 00000 6188

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Yelton  
Name of Contact Person

Benson's KT  
Firm/Company

3050 Horseshoe Dr #275  
Address

Naples FL 34104  
City/State and Zip Code

advorak  
dcostin@bensonsinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Yelton at (239) 263-1577  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2010

MICHAEL YELTON  
BENSON'S KT  
3050 HORSESHOE DR #275  
NAPLES, FL 34104

SUBJECT: LAS BRISAS TWIN VILLAS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N94000006188

We have received your document for LAS BRISAS TWIN VILLAS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document number for the corporation is N94000006188.

The registered agent must sign accepting the designation.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 610A00025643

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation LAS Brisas Twin Villas Condominium Association, Inc.
2. The principal office address: Benson's KT - c/o Associa - 5401 N. Central Expressway Suite 300 - Dallas, Tx 75205
3. The mailing address (if different): Benson's KT - 3050 Horseshoe Drive North, Suite 275, Naples, FL 34104
4. Date of incorporation/qualification: 12/16/1994 Document number: \_\_\_\_\_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) N94000006188  
Benson's KT MGMT Group LLC  
3050 ~~KT~~ Horseshoe Dr. N. STE 275  
Naples, FL 34104

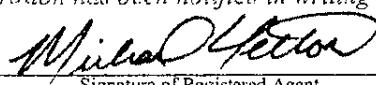
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Benson's KT  
3050 Horseshoe Dr. N #275  
P.O. Box NOT acceptable  
Naples, FL 34104

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

<hr/> <small>Signature of an officer or director</small>	<hr/> <small>Printed or typed name and title</small>
<p><i>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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.</i></p>	
 <hr/> <small>Signature of Registered Agent</small>	<u>11-8-10</u> <hr/> <small>Date</small>

If signing on behalf of an entity:  
Michael Yelton  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*