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GSA Leased Location: Change of Ownership/Novation Request Form

0% Survey Completion

***1. Email Address *Response required**

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12:29



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0% Survey Completion

***1. Email Address *Response required**

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GSA Leased Location: Change of Ownership/Novation Request Form

4% Survey Completion

*2. Full Name *Response required

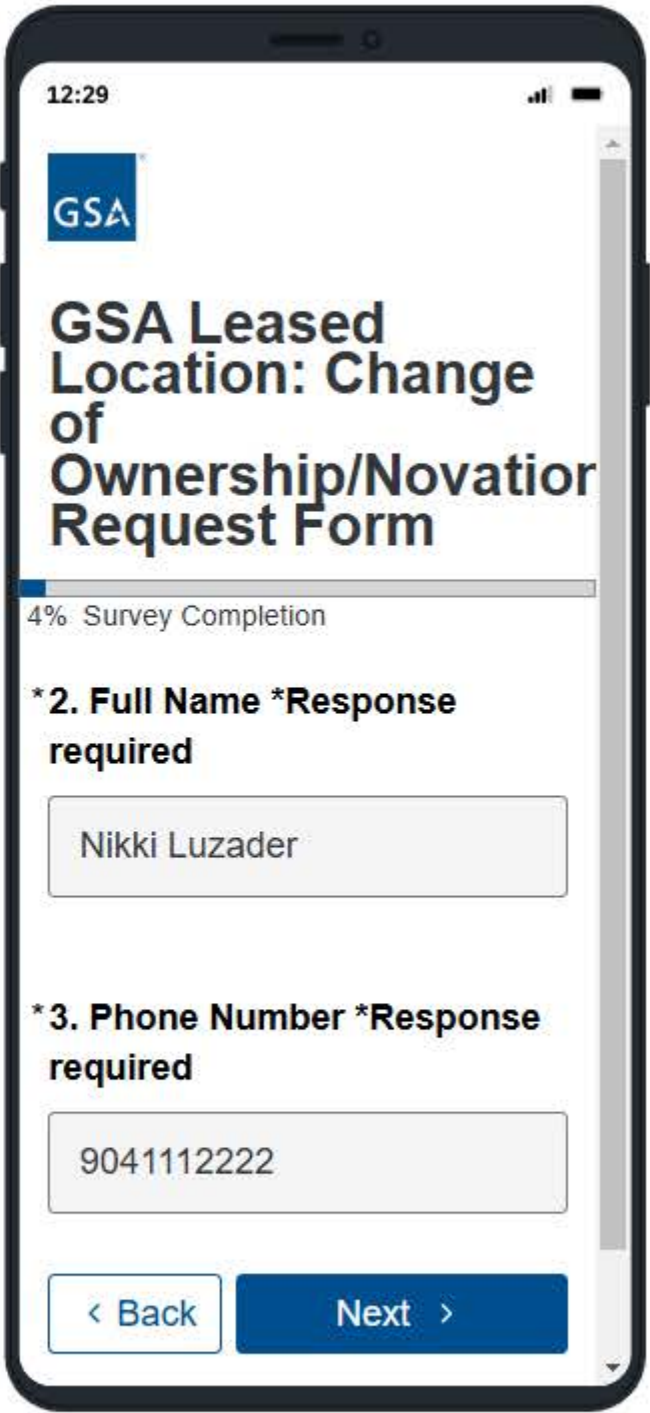
Nikki Luzader

*3. Phone Number *Response required

9041112222

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12% Survey Completion

***4. Date of Asset Transfer *Response required**

Please provide the date on which the transfer of assets was formally executed on the official document. (I.e. Warranty Deed, Grant Deed, Special Warranty Deed, etc.). This date MUST match the official document.

12/12/2024

***5. GSA Lease Number(s) *Response required**

Please provide the GSA lease number(s) for all leases affected by the transfer of this property. Your lease number is likely in one of the following formats: "GS-08P-10101" or "GS-08P-LCO10101" or "LCA10101". Please enter the last 5 digits of your lease number. If entering multiple, please separate them with commas. (i.e. 10101 or 10101, 20202).

10101

6. In which state is the lease located? *Response required

FL - Florida

***7. Official Transferring Document *Response required**

Refer to the transferring document (I.e. "Warranty Deed", "Special Warranty Deed", "Grant Deed"). This MUST match the name/title of the official document.

Warranty Deed

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28% Survey Completion

***8. Transferor Entity Name *Response required**

All punctuation MUST match the official documents. (I.e. "A.B.C. Business, LLC", "ABC Business, Limited Liability Company")

ABC LLC

***9. Transferor Entity Structure *Response required**

Some examples include: "Limited Liability Company" or "LLC" or "Corporation" or "Limited Partnership" but there may be others not listed.

LLC

***10. State/Territory of Transferor's Entity *Response required**

Select the State/Territory in which the Transferor's entity is bound under (I.e Certificate of Formation)

FL - Florida

***11. Authorized Signatories (Transferor) *Response required**

Please provide a list of individuals who are legally authorized to sign on behalf of the Transferor. Signatories MUST be explicitly designated in the organization's Articles of Organization, Partnership Agreement, Statement of Partnership, Operating Agreement, or similar official document.

Nikki Luzader

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28% Survey Completion

***8. Transferor Entity Name *Response required**

All punctuation MUST match the official documents. (I.e. "A.B.C. Business, LLC", "ABC Business, Limited Liability Company")

ABC LLC

***9. Transferor Entity Structure *Response required**

Some examples include:



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44% Survey Completion

***12. Transferor Entity's Street Address *Response required**
I.e. "321 N Alameda Ave"

123 Happy Street

***13. Transferor Entity's City *Response required**

Saint Augustine

***14. Transferor Entity's State *Response required**

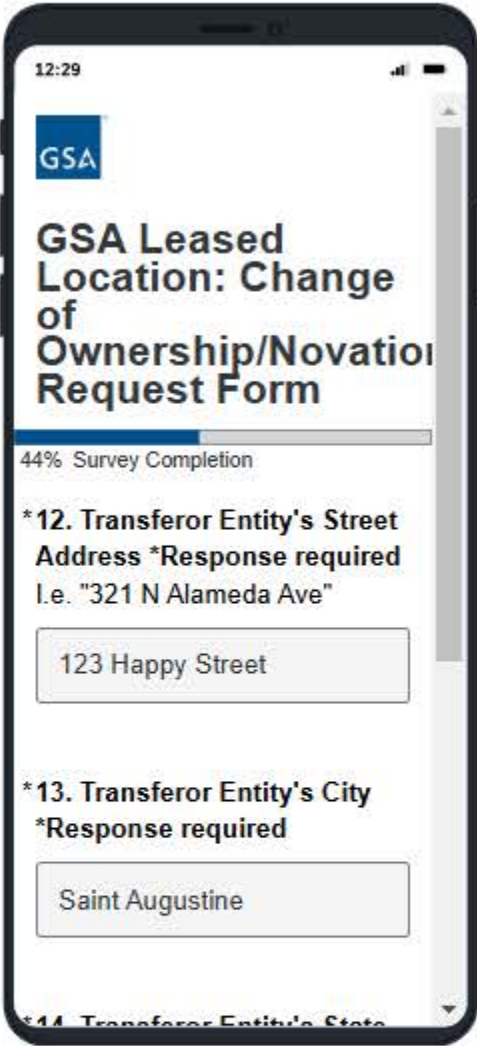
FL - Florida

***15. Transferor Entity's Zip Code *Response required**

32092

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60% Survey Completion

***16. Transferee Entity's Name *Response required**

All punctuation MUST match the official documents (I.e. "A.B.C. Business, LLC", "ABC Business, Limited Liability Company")

CDE LLC

***17. Transferee Entity's Structure *Response required**

Some examples include: "Limited Liability Company" or "LLC" or "Corporation" or "Limited Partnership" but there may be others not listed.

LLC

***18. State/Territory of Transferee's Entity *Response required**

Select the State/Territory in which the Transferee's entity is bound under (I.e. Certificate of Formation)

FL - Florida

***19. Authorized Signatories (Transferee) *Response required**

Please provide a list of individuals who are legally authorized to sign on behalf of the Transferee. Signatories MUST be explicitly designated in the organization's Articles of Organization, Partnership Agreement, Statement of Partnership, Operating Agreement, or similar official document.

Nikki Luzader|

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76% Survey Completion

***20. Transferee Entity's Street Address *Response required**
I.e. "321 N Alameda Ave"

234 Happy Street

***21. Transferee Entity's City *Response required**

Saint Augustine

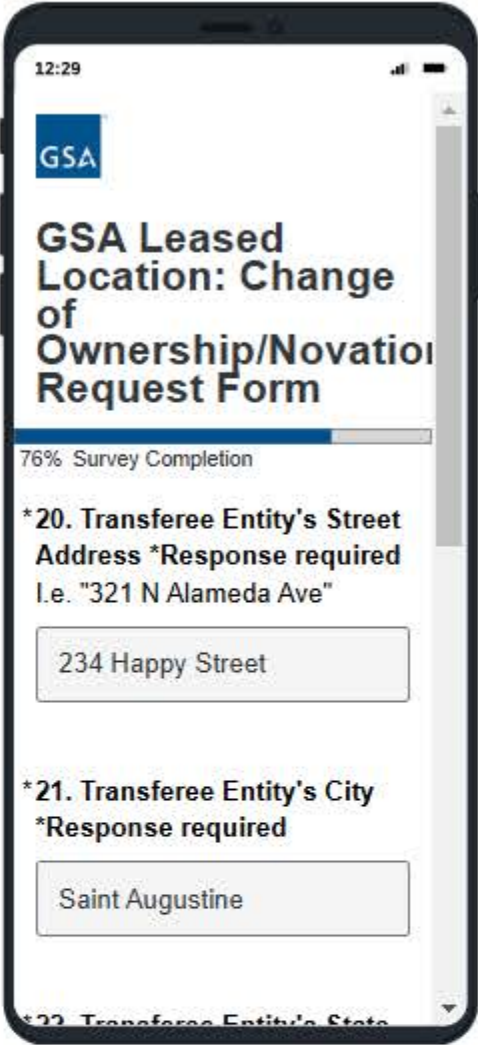
***22. Transferee Entity's State *Response required**

FL - Florida

***23. Transferee Entity's Zip Code *Response required**

32092

24. Transferee Entity's Mailing Address (if different) *Optional
Complete this field ONLY if the Transferee has a separate mailing address from their principle office location.





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25. Attach Files

Please identify your zone using the chart below and send your files to the appropriate zonal email.

- Zone 1 - zone1.lca.inquiries@gsa.gov
- Zone 2 - zone2lca@gsa.gov
- Zone 3 - zone3.lca.inquiries@gsa.gov

State/Territory	Zone
Africa	1
Alaska	3
Alabama	2
Arkansas	2
American Samoa	3
Arizona	3
California	3
Colorado	3
Connecticut	1
District of Columbia	1
Delaware	1

list continues

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Submit >





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100% Survey Completion

Thank you for filling out the Change of Ownership form. A GSA representative will be in contact with you within the next 5 to 10 business days.

