Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000055415 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Mumber

; (850)205-0380

Frate

Account Name Adcount Number : FCA000000023

: C T CORPORATION SYSTEM

Phone Fax Number Phone

(850)222-1092

: (850)222-9428

ESCHOLA

## REGISTERED AGENT CHANGE

CAPE CORAL 6A & 6B, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Physicagnic, Billings Manny

**Connection** Fillings

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

Pursuant to the provis	ions of sections 608	3.416 or 608.508, Florida Statutes trement in order to change its regi	t, the undersigned limited
agent, or both, in the Sa	ate of Florida.	icement of order to enouge to regi.	meren office or resumere
1. The name of the limit	ited liability compan	y is: Cape Coral da & 6B, LLC	
2. The mailing address	of the limited liability	ty company is : 4001 Temismi Trail N	Jorth, Suite 350, Naples, PL
34103			
December 3, 2003	anta a ta William	L03000049811	
3. Date of filing/registra	anon in Figures	4. Document nun	nder
5. The name of the regis Florida Department of		registered office address as shown of	on the records of the
-	Leo J. Salvatori		
		Name	
	4001 Tamiami Trail	North, Suite 330 Address	
	Naples, FL 34103	Wudless	
	. (12015, 12 34103	City, State and Zip	
6. The name and address		•	
O. THE THIRD STATES	a of me new registrate	od about minor private	
	CT Corporation Syst	ent	
		Name	
	1200 South Pine Islan		
	Florida street add	dress (P.O. Box NOT acceptable)	
	Plantation	<u>FL</u> 33324	
	Cit	ry, State and Zip	
confirmed that after the and the business office of liability company, it is be the members of the limit the operating agreement (Six after 67 a member or suffice of a member or suffice of the appearance of the	change or changes as of the registered agent ereby confirmed that ted liability company of the finited liability of a managed representative o		of the registered office of a Florida limited of the second of the second of the second of the registered of the registered of the second of t
Company on System		Christinia M. Eastwine	

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

INHE (8(10/99)

PLEID WORM CT System Online

FILING FEE: \$25.00

Accident Secretary