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SEDING FACTOR ESTABLES

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 2660 DAVIS LLC (Name of L	imited Liabi	lity Company)			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to	the following:			
George L. Spector (Name of Person)		·			
2660 DAVIS LLC (Firm/Company)					
1800 Second St., Suite 755	· · · · · · · · · · · · · · · · · · ·				
Sarasota, Florida 34236 (City/State and Zip Code)		<u> </u>			
For further information concerning this matter	er, please cal	1:			
George Spector	at (941	365-0969			
(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	g amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

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. The name of the limited	I liability company is	2660 DAVI	SLLC			
2. The mailing address of	the limited liability c	ompany is : 1	800 Second Str	eet, Suite 7	55	
Sarasota, Florida 34236						
10/19/2004			L04000075663	ı		
3. Date of filing/registration in Florida 4.			4. Document nur	mber		
5. The name of the register Florida Department of S	red agent and the regi	stered office	address as shown	on the record	s of th	e
	<u>George L. Spec</u>	tor		_		
		Name				
	1800 Second Stre		72	_		
		Address				
	Sarasota, Florida	34236-599	12		. S.	
	City	, State and Zi	p		SEP	П
6. The name and address of	f the new registered a	igent and/or o	office:	AHASSE	5	
	George L.Specto	r		ر المار المار		
•		Name			PM '4: 24	
_	1800 Second Street, Suite 755		LORIDA	N		
	Florida street addres	s (P.O. Box I	NOT acceptable)	DA	#	
	Sarasota,	FL 3423	36-5992			
	City,	State and Zip				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement of the member of a member or authorized George L. Spector	ange or changes are rethe registered agent we have confirmed that the ited liability company tof the limited liability.	nade, the Floridle of the floridle of the change of the change of the company.	rida street address al. Or, in the case vas/were authorize	of the registe of a Florida ed by an affir	ered of limited mative	ffice d vote

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 608, 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.

(Signature of Registered Agent)

(Printed or typed name of signee)