

A060000001488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

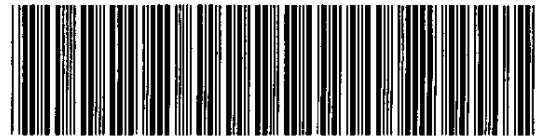
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 14 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cap'n Wells LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A06000001488

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

Please return all correspondence concerning this matter to:

Joyce Thornton, CPA

(Contact Person)

Barron Collier Companies

(Firm/Company)

2600 Golden Gate Parkway

(Address)

Naples, FL 34105

(City, State and Zip Code)

For further information concerning this matter, please call:

Joyce Thornton, CPA

(Name of Contact Person)

at ( 239 ) 403-6733

(Area Code and Daytime Telephone Number)

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

INHS04 (01/06)

**FILED**  
08 AUG 13 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Cap'n Wells LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. Mar 24, 2008

Date of filing/registration in Florida

3. A06000001488

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Paul J. Marinelli

Name

2600 Golden Gate Parkway

Address

Naples, FL 34105

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

R. Blakeslee Gable

Name

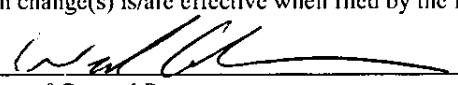
2600 Golden Gate Parkway

Florida street address (P.O. Box not acceptable)

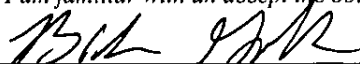
Naples FL 34105

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

**FILED**  
08 AUG 13 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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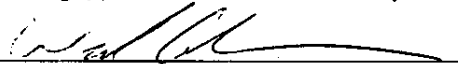
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Naples

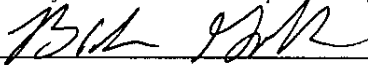
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City, State and Zip

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Signature of Registered Agent

**Filing Fee: \$35.00**

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