

100000001127

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100069280391

04/08/06 - 01027-001 \*625.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 24 PM 4:40

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cedar Ridge of Venice, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Jacques Cloutier

(Name of Person)

Cedar Ridge of Venice, LLC

(Firm/Company)

1901 S. Tamiami Trail, Suite A

(Address)

Venice, FL 34293

(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 24 PM 4:40

For further information concerning this matter, please call:

Gianna White

(Name of Person)

at ( 941 ) 493-2600

(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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

You have our original

INHS18 (8/05)

\$35.00. We are to be  
refunded the \$10.00.  
Thank you.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
06 APR 24 PM 4:40

April 12, 2006

JACQUES CLOUTIER  
CEDAR RIDGE OF VENICE, LLC  
1901 S. TAMiami TRAIL, SUITE A  
VENICE, FL 34293

SUBJECT: CEDAR RIDGE OF VENICE, L.L.C.  
Ref. Number: L00000001127

We have received your document for CEDAR RIDGE OF VENICE, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 306A00024775



FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
06 APR 24 PM 4:40

April 19, 2006

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

**RE: Letter No. 306A00024775**

To Whom It May Concern:

Attached please find the correct completed Change of Registered Office/Agent form.

You can send the filing fee refund of the additional \$10.00 of the \$35.00 we sent originally to the address listed below:

Cedar Ridge of Venice, LLC  
Attn: Gianna White  
1901 S. Tamiami Trail  
Suite A  
Venice, FL 34293

Should you have any questions or need any additional information, please feel free to contact us at 941-493-2600.

Thank you,

Sherri Hamilton  
Administrative Assistant

/sh

Encl.

**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 liability company is: Cedar Ridge of Venice, LLC
2. The mailing address of the limited liability company is : 1901 S. Tamiami Trail,  
Suite A, Venice, FL 34293

02/01/2000

L00000001127

- |                                                                                                                                   |                    |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 3. Date of filing/registration in Florida                                                                                         | 4. Document number |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |                    |

Steven W. MacCris

Name \_\_\_\_\_

227 Pensacola Road

Address

Venice, FL 34285

City, State and Zip

6. The name and address of the new registered agent and/or office:

Jacques Cloutier

Name \_\_\_\_\_

1901 S. Tamiami Trail, Suite A

Florida street address (P.O. Box **NOT** acceptable)

Venice, FL 34293

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Jacques Cloutier

(Printed or typed name of signee)

*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)

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

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 24 PM 4:40