

L000000610191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

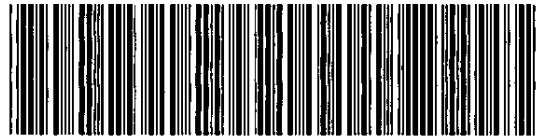
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 12 AM 9:56

B. KOHR

OCT 13 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RCP/TE Management 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:

Diane Murray  
Name of Person

Bonita Bay Group  
Firm/Company

9990 Coconut Road Ste 200  
Address

Bonita Springs, FL 34135  
City/State and Zip Code

Dianem@bonitabaygroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Murray at ( 239 ) 390-1257  
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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
AM 9:56  
OCT 12 09

**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. Name of the limited liability company: RCP/TE Management LLC

2. (a) Principal office address of limited liability company: 9990 Coconut Road Ste 200



(Note: **MUST BE STREET ADDRESS**)

Bonita Springs, FL 34135

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

9990 Coconut Road Ste 200

Bonita Springs, FL 34135

3/2/2009

3. Date of filing/registration in Florida

L00000010191

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Scott R. Whitney

Registered Office Address:

9990 Coconut Road Ste 200

Bonita Springs, FL 34135

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Gary Dumas

**NEW** Registered Office Address:


9990 Coconut Road Ste 200

**(MUST BE FLORIDA STREET ADDRESS)**

Bonita Springs, FL 34135

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

  
Printed or typed name of signer

*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