L0100000 3523

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/Otate/219)1 Hone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
;
(Document Number)
:
Certified Copies Certificates of Status
· · · · · · · · · · · · · · · · · · ·
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



600160176876

10/12/09--01015--011 **645.00

OP OCT 12 AN 9:55

B. KOHR

OCT 1 3 2009

EXAMINER

COVER LETTER

Registration Section

TO:

INHS18 (5/08)

Division of Corporations	
SUBJECT: Cape Coral Devel	opment Associates LLC
	Liability Company
	09
Dear Sir or Madam:	Liability Company
The enclosed Registered Agent/Registered Office C	
Please return all correspondence concerning this ma	atter to the following:
Diana Murray	
Diane Murray Name of Person	
Bonita Bay Group	<u></u>
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	
E-mail address: (to be used for future annual report nonfication	n)
For further information concerning this matter, plea	ase call:
Diane Murray at (239) 390-1257
Name of Person at (Area Code & Daytime Telephone Number
CONTROL CONTROL ADDRESS.	MAIL INC. ADDRESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	ount:
\$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. Nar	ne of the limited liability company:Cape Co	oral Development Associate	es LLC
2. (a)	Principal office address of limited liability company	y: 9990 Coconut Road	d Ste 200
-【✔]-	(Note: MUST BE STREET ADDRESS)	Bonita Springs, FL 34135	
(b)	Mailing address of limited liability company:	9990 Coconut Road St	e 200
-14-1	(Note: MAY BE POST OFFICE BOX)	Bonita Springs, FL 34135	
	3/2/2009	L01000003523	300
3. Dat	e of filing/registration in Florida	4. Document number	CI OFFI
5. (a)	Registered Agent and Registered Office shown on		State: Coaponia
	Registered Agent:	Scott R. Whitney	
	Registered Office Address:	9990 Coconut Road Ste 200 Bonita Springs, FL 34135	<u> </u>
NEW Registered Agent: NEW Registered Office Address:	Gary Dumas 9990 Coconut Road Ste 200		
(MUST BE FLORIDA STREET ADDRESS)			04405
		Bonita Springs ,FI	<u>.34135</u>
and the liability of the i	imited liability company is not organized under the ned that after the change or changes are made, the Fe business office of the registered agent will be idenly company, it is hereby confirmed that the change(smembers of the limited liability company or as other operating agreement of the limited liability company	lorida street address of the register tical. Or, in the case of a Florida li) was/were authorized by an affirm rwise provided in the articles of or	ereby red office imited native vote ganization
Signature	e of a member or authorized representative of a member	_	
	GARY Dumas		
Printed o	or typed name of signee		
I herei comply and I a Chapte adares	by accept the appointment as registered agent and a with the provisions of all statules relative to the pr om familiar with and accept the obligations of my poor or 608, F.S. Or, if this document is being filed to me s, I hereby confirm that the limited liability compan	ngree to act in this capacity. I furth oper and complete performance of sition as registered agent as provi crely reflect a change in the registe y has been notified in writing of th	her agree to my duties, ded for in red office is change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00