## L01000006895

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	+)
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	· · · · · ·
Certified Copies	Certificates	of Status
	<b>-</b>	
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

OR MAY 27 PH 2: 08

J. BRYAN

MAY 2 8 2008

**EXAMINER** 

## **COVER LETTER**

<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
Enclosed is a check for the follow	ing amount:	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Clifton Building	P.O. Box 6327	
Registration Section Division of Corporations	Registration Section Division of Corporations	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Sandra Adkins	at ( 239 ) 437-4982	
For further information concerning this ma	itter, please call:	
(City/State and Zip Code)		
Fort Myers, FL 33908	<del></del>	
(Address)		
15911 Knightsbridge Court		
(Firm/Company)		
Miramar, LLC		
	· · · · · · · · · · · · · · · · · · ·	
(Name of Person)	<del></del>	
Edward D. Adkins		
·		
Please return all correspondence concernin	g this matter to the following:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Dear Sir or Madam:		
(14mile	of Emilion Encounty Company)	
SUBJECT: Miramar, LLC	e of Limited Liability Company)	
TO: Registration Section Division of Corporations	į.	

INHS18 (5/08)

## .... 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: Miramar,	LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 15911 Knightsbridge Court Fort Myers, FL 33908
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	15911 Knightsbridge Court Fort Myers, FL 33908
5/2/2001	L01000006895 8 5
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	L01000006895  4. Document number  1 the records of the Florida Dept. of State: 27
Registered Agent:	Consoer, George L. Jr.
Registered Office Address:	Humphrey & Knott, P.A.  1625 Hendry Street Fort Myers, FL 33901
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	Duncan, Gordon
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Duncan + Associates, PA  1601 Jackson Street, #101  Fort Myers ■,FL 33901
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
Sandra J. Adkins (Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plan familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby and in writing of this change.
(Signature of Registered Agent)	
Division of Corporations, P.O. Bo	x 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**