

LD2000007769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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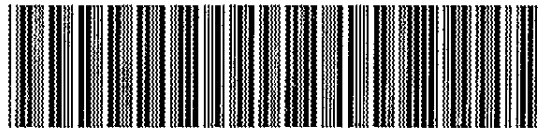
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: XLP LLC
(Name of corporation)

DOCUMENT NUMBER: L02000007769

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

Please return all correspondence concerning this matter to the following:

Alan Nichols
(Name of person)

XLP LLC
(Name of firm/company)

2999 PGA Blvd
(Address)

Naples, FL 32566
(City/state and zip code)

For further information concerning this matter, please call:

Alan Nichols at (850) 515-0601
(Name of person) (Area code & daytime telephone number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 1, 2003

ALAN NICHOLS
XLP LLC
2999 PGA BLVD
NAVARRE, FL 32566

SUBJECT: XLP LLC
Ref. Number: L02000007769

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We have received your document for XLP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 903A00053923

**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: XLP LLC
2. The mailing address of the limited liability company is : 2999 PGA Blvd
Navarre FL 32566

3. Date of filing/registration in Florida 4-2-02 4. Document number 602000007769

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

Business Filings Incorporated
Name
1000 West Avenue, Suite 1114
Address
Miami Beach FL 33139
City, State and Zip

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

Alan Nichols
Name
2999 PGA Blvd
Florida street address (P.O. Box NOT acceptable)
Navarre FL 32566
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.

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

Alan Nichols
(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.

Alan Nichols
(Signature of Registered Agent)

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

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