## L0000000034

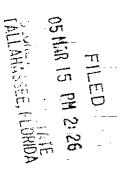
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: C5RF, LLC (Name of corporation)
DOCUMENT NUMBER: 402000 20634
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:
Craig R Stevens (Name of contact person)
(Name of contact person)  CSRF LLC  (Firm/Company)  15880 Catalpa Cove Drive  (Address)
15880 Catalpa Cove Drive
fort Myers fl. 33908 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (239) \$51-8038  (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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 2, 2005

CRAIG R. STEVENS CSRF, LLC 15880 CATALPA COVE DR FORT MYERS, FL 33908

SUBJECT: CSRF, LLC

Ref. Number: L02000020634

We have received your document for CSRF, 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 to change the registered agent of a corporation.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 205A00014401

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## 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.

agent, or both, in the state of 1 tortad.
1. The name of the limited liability company is:
2. The mailing address of the limited liability company is: 15680 Catalog (ove 161)
fort Myc1s +2- 33908
fort Myc1s +2- 33908 LDZ-20634
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:
Total Faglet Court  total Myers FL 33912  Gity, State and Zip
fort Myers flagger 33912  Gity, State and Zip  6. The name and address of the new registered agent and/or office:  Craig P. Stevens  ISBNO Catalpa Cove Noive  Florida street address (P.O. Box NOT acceptable)  Fort Myers, FL 33908  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)  Crang R. Stevens
(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 statules 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

INH\$18(10/99)