## L02000024229

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LOZ-24229

SEURCTARY OF STATE

JAN DE



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 10, 2002

WILLIAM E. SHENKO, JR., PA 1661 ESTERO BLVD., STE. 24 FT MYERS BEACH, FL 33931

SUBJECT: MIKE & CLAY'S II LLC Ref. Number: L02000024229

We have received your document for MIKE & CLAY'S II LLC and your check(s) totaling \$70.00. 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. Please complete the enclosed form to change the registered agent of a limited liability company.

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: 702A00065216

## WILLIAM E. SHENKO, JR., P.A.

WILLIAM E. SHENKO, JR.

1661 ESTERO BOULEVARD, SUITE FORT MYERS BEACH, FL 33931

Telephone: (239) 463-3100 Facsimile: (239) 463-2288 E-mail: beachlaw@earthlink.net

November 25, 2002

Secretary of State Florida Department of State Divisions of Corporations Post Office Box 6327 Tallahassee, FL 32314-6327

Re: Mike & Clay's I LLC and Mike & Clay's I LLC

To Whom It May Concern:

Enclosed are two Statements of Change of Registered Office and Agent in regard to the above referenced companies. Also enclosed is a check in the amount of \$70.00, which represent your fees for this service.

Thank you for your assistance in this matter, and should you desire any additional information or documentation, please do not hesitate to contact me.

Yours very truly,

William E. Shenko, Jr.

William Education

WESJr/jbs enclosures

## 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 liab	ility company is:	Mike_&	Clay	s II LLC	<u> </u>	<del>-</del>
2. The mailing address of the li	mited liability cor	npany is : _	235	Tropical	Shores	Way,
Fort Myers Beach,						
TOTE MYCEB Beachy		<del></del>				·
September 18, 2002	<u> </u>	- <del></del> -	L0:	200002422	29 	a
3. Date of filing/registration in	Florida	_	4. Docu	ment number	r	
5. The name of the registered as Florida Department of State:	gent and the regist	ered office a	address as	s shown on ti	he records o	f the
I	Filings, Inc	-			,	
3	3732 NW 16th	Name Street				
		Address				
<u>_</u>	Fort Lauderd	laIe, FL	33311	<u> </u>	15 SE	요
	City,	State and Zij	p		E.C.	T
6. The name and address of the	new registered ag	ent and/or o	ffice:		FIAR	
	William E. S	henko,	Jr.	· · · · · · · · · · · · · · · · · · ·	Y O	
	1	Vame			77.0	AM II: O4
	1661 Estero				35	<del></del>
Flor	rida street address	•		eptable)	70 m	Ŧ.
For	t Myers Beac	h 30 FL	3931			ζ,
	City, S	tate and Zip			•	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby the members of the limited liab the operating agreement of the (Signature of a member or authorized rep	or changes are maggistered agent will onfirmed that the ility company or a limited liability company.	ade, the Flor Il be identica change(s) was otherwise ompany.	rida street	t address of t	he registere	d office
Michael Dilworth	,	- -		14. N		
(Printed or typed name of signee)	<del></del>			<del></del>		
I hereby accept the appointment comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or, if this deaddress, I hereby confirm that	nt as registered as ill statutes relative ept the obligation ocument is being f the limited liabilit	gent and agr to the prop s of my posi filed to mere by company l	ree to act er and co tion as re ly reflect ias been	in this capac omplete perfo gistered age a change in notified in w	city. I furthe ormance of a nt as provia the register riting of this	er agree to my duties, led for in ed office s change.

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

INHS18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00