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00789-00611-	00U71
Mango Cay Communities, LC (Requestor's Name) 5672 Strand CT., Ste 3 Maples, FL 34110 (Address)	400041716624
(City/State/Zip/Phone #)	90/18/0401025019 **35.00
PICK-UP WAIT MAIL (Business Entity Name)	MJH,
(Document Number)	
Certified Copies Certificates of Status	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 20, 2004

MANGO CAY COMMUNITIES, LC 5672 STRAND CT., STE 3 NAPLES, FL 34110

SUBJECT: MANGO CAY COMMUNITIES, LC

Ref. Number: L02000032589

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

You must complete the attached form to change the Registered Agent information for this Limited Liability Company. The form submitted is for a Limited Partnership.

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) 245-6967.

Letter Number: 004A00060274

Michelle Hodges Document Specialist

Division of Compositions P.O. ROY 6327 Tallahasson Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 14, 2004

MANGO CAY COMMUNITIES, LC 5672 STRAND CT., STE 3 NAPLES, FL 34110

SUBJECT: MANGO CAY COMMUNITIES, LC

Ref. Number: L02000032589

We have received your document for MANGO CAY COMMUNITIES, LC 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 registered agent must sign accepting the designation.

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) 245-6967.

Letter Number: 704A00069580

Michelle Hodges Document Specialist

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: <u>Mango Cay Communities</u> , <u>LC</u> .
2. The mailing address of the limited liability company is:
5672 Strand Ct., Ste 3, Naples FL 34110
December 5, 2002 L02000032589
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;
Naples-Lawdock, Inc. Name
1395 Panther Lane, Suite 300 Address
Naples FL 34109 City, State and Zip
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office: Salvatori & Wood, P.L. Name 4001 Tamiami Trail North, Suite 330 Florida street address (P.O. Box NOT acceptable)
Naples FL 34103 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.
(Menature of a thember or authorized representative of a member)
Larry Gode
(Finited of typed name of supace)
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 lifthis 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

INHS18(10/99)

FILING FEE: \$25.00