

103000005267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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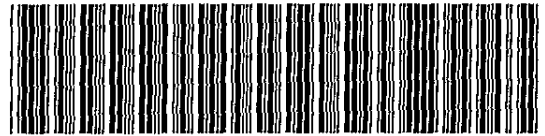
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

↓ BRYAN JAN 14 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEMON BAY HORIZONS, LLC.
(Name of corporation)

DOCUMENT NUMBER: 203000005267

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:

K STEVEN ROBERTS
(Name of person)

LEMON BAY HORIZONS, L.L.C.
(Name of firm/company)

6919 SPINNAKER BLVD
(Address)

ENGLEWOOD, FL 34224
(City/state and zip code)

For further information concerning this matter, please call:

K STEVEN ROBERTS at (214) 765 5540
(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
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 3, 2003

K STEVEN ROBERTS
LEMON BAY HORIZONS, L.L.C.
6919 SPINNAKER BLVD.
ENGLEWOOD, FL 34224

SUBJECT: LEMON BAY HORIZONS, L.L.C.
Ref. Number: L03000005267

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for LEMON BAY HORIZONS, L.L.C. 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 completed the wrong form

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 203A00064983

**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: LEMON BAY HORIZONS, L.L.C.
2. The mailing address of the limited liability company is: 6919 SPINNAKER BLVD.
ENGLEWOOD FL 34224
3. Date of filing/registration in Florida: 2/12/03
4. Document number: L03000005267

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

MARK A. ZUPISIC
Name
6919 SPINNAKER BLVD
Address
ENGLEWOOD FL 34224
City, State and Zip

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

DARRYL A. NEWELL
Name
3579 SOUTH ACCESS ROAD, SUITE L
Florida street address (P.O. Box NOT acceptable)
ENGLEWOOD FL 34224
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]
(Signature of a member or authorized representative of a member)

DARRYL A. NEWELL
(Printed or typed name of signer)

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.

[Signature]
(Signature of Registered Agent)

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

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