L03000007298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

06/14/13--01007--002 **35.00

N. Cuttigan JUL 2 - 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2013

KEVIN PAGE
4705 VINCENNES BOULEVARD
SUITE 4
CAPE CORAL, FL 33904

SUBJECT: EMERALD COAST ENTERPRISES, LLC
Ref. Number: L03000007298

We have received your document for EMERALD COAST ENTERPRISES, 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):

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 213A00015399

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** EMERALD COAST ENTERPRISES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN PAGE
Name of Person

Firm/Company

4705 VINCENNES BLVD SUITE 4
Address

CAPE CORAL FL. 33904
City/State and Zip Code

KEVIN@CAPESHOREREALTY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN PAGE at (239) 910 3442
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

**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. Name of the limited liability company: EMERALD COAST ENTERPRISES LLC

2. (a) Principal office address of limited liability company: 4705 VINCENNES BLVD
SUITE 4
CAPE CORAL FL 33904
(***Note: MUST BE STREET ADDRESS***)

(b) Mailing address of limited liability company: 4705 VINCENNES BLVD
SUITE 4
CAPE CORAL FL 33904
(***Note: MAY BE POST OFFICE BOX***)

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TALLAHASSEE, FLORIDA

2/27/2003
3. Date of filing/registration in Florida

L03000007298
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: KEVIN PAGE

Registered Office Address: 4705 VINCENNES BLVD
SUITE 4
CAPE CORAL FL 33904

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: KEVIN PAGE

**NEW** Registered Office Address: 4705 VINCENNES BLVD
***(MUST BE FLORIDA STREET ADDRESS)*** SUITE 4
CAPE CORAL, FL 33904

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.

Kevin Page
Signature of a member or authorized representative of a member

KEVIN PAGE
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.*

Kevin Page
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**
**FILING FEE: $25.00**

INHS18 (05/08)