

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700119780567

03/12/08--01015--021 \*\*25.00

G. MCLEOD

MAR 13 2008

**EXAMINER** 

## **COVER LETTER**

ota					
SUBJECT: Horizonview of Sarasota (Name of Limited Liability Company)					
hange and fee(s) are submitted for filing.					
tter to the following:					
to the following.					
. · ·					
•					
<del></del>					
כ					
3					
·					
<del></del>					
se call:					
141 ) 312-6340					
(Area Code & Daytime Telephone Number)					
MAILING ADDRESS:					
Registration Section					
Division of Corporations P.O. Box 6327					
Tallahassee, Florida 32314					
unt:					
S55 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.

ugeni, or com, in the char	c by a sorsula.	•				
1. The name of the limite	d liability company is:	Horizonview of	Sarasota	<u>. الـا</u>	<u></u>	
2. The mailing address of the limited liability company is: 767 Tropical Circle						
		Savasota	Florida	342	42	
5/9/2003		L03000	01680	O		
3. Date of filing/registrat	ion in Florida	4. Document	number			
5. The name of the registe Florida Department of	State	tered office address as show	wn on the reco	ords of	the	
	941 Fourth Manie Bei	Name St Address ACh, F1 33139 State and Zip		98	DIVISI	
6. The name and address	of the new registered ag			08 MAR 12 PH 1: 19	FILED CRETARY OF STATE FION OF CORPORATION:	
	Bradenton	FL 34207 tate and Zip	le)	9	TE	
If the limited liability comconfirmed that after the cland the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or author (Printed or typed name of signee)	hange or changes are market registered agent with reby confirmed that the nited liability company of the limited liability company ized representative of a member of the limited liability ized representative of a member of the limited liability ized representative of a member of the limited liability ized representative of a member of the limited liability ized representative of a member of the limited liability ized representative of a member of the limited liability ized representative of a member of the liability ized	under the laws of the State ade, the Florida street addr ll be identical. Or, in the c change(s) was/were autho or as otherwise provided in company.	of Florida, it i ess of the regi ase of a Florid rized by an aff the articles o	s herek stered la limit firmati f orgar	oy office ted ve vote nization	
* **	intment as registered ag is of all statutes relative d accept the obligation; his document is being f that the limited liabilit	gent and agree to act in this to the proper and complet s of my position as register iled to merely reflect a cha y company has been notifie	s capacity. I f te performance ed agent as pr inge in the reg ed in writing o	urther e of my rovided istered f this c	agree to duties, l for in l office hange.	

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

(Signature of Registered Agent)

17