## 10300017057

(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:							
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2007 JUL 16 PM 12: 40



## **COVER LETTER**

TO:	Registration Section Division of Corporations			•		
SUBJ					_	
	(1)	Name of Limite	d Liability	Company)		
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Reg	gistered Office	Change ar	nd fee(s) are submitted for fi	ling.	
Please	return all correspondence co	ncerning this m	atter to th	e following:		
	Thomas W. Hill					
	(Name of Person	)				
H	ill & Company, CPA, PA					
	(Firm/Company)			•		
	1318 Lafayette St.					
	(Address)					
	Cape Coral, FL 33904				2007 SEC TALL	
	(City/State and Zip C	Code)			2007 JUL 16 SECKETARN	S. S
					ARY SSE	, ar
For fu	rther information concerning	this matter, ple	ase call:	<u>.</u>	PM PM	
Ti	nomas W. Hill	at (	239	549-2444	PM 12: 40 OF STATE E. FLORIO	***rdb
	(Name of Person)		(A	area Code & Daytime Teleph	none Number)	
Registration Section Regist Division of Corporations Division Clifton Building P.O. B			LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314			
	Enclosed is a check for the	e following am	ount:			
\$25 Filing Fee  \$55 F			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. The name of the limi	ted liability company is:	Capt	iva Coral, LLC	
2. The mailing address	of the limited liability co	mpany is :	1318 Lafayette	Street
			ral, FL 33904	
- 5/12/03			L03000017057	
3. Date of filing/registra	ation in Florida		4. Document number	er
5. The name of the regis Florida Department o	stered agent and the regist of State:	tered offic	e address as shown on	the records of the
•	Darrin R. Sch	utt, Esq		
		Name		•
	1105 Cape Cora		Suite C	
		Address		
	Cape Coral, F.	State and	7in	
	• /		•	
6. The name and addres	s of the new registered ag	gent and/or	office:	
	Thomas W. Hill	_		
		Vame		
	1318 Lafayette	St.	<del></del>	•
	Florida street address	(P.O. Box	NOT acceptable)	
	Cape Coral,	FL	33904	
	City, St	tate and Z	p	
confirmed that after the and the business office of liability company, it is hof the members of the lor the orderating agreem  (Signature of a member or author)  (Printed or typed name of signed and I am familiar with a chapter 608, F.S. Or, is address of the ereby confirmed to the confirmed and I am familiar with a chapter 608, F.S. Or, is address of the ereby confirmed and I am familiar with a chapter 608, F.S. Or, is address of the ereby confirmed and I am familiar with a chapter 608, F.S. Or, is address of the ereby confirmed and the confirme	pointment as registered as ons of all statules relatives and accept the obligations of this document is being f m that the limited liability	ade, the Fl ll be ident change(s) or as other company	orida street address of cal. Or, in the case of was/were authorized by wise provided in the a	the registered office a Florida limited by an affirmative vote rticles of organization
Momey W (Signature of Registered Agent	)		,	

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