

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90108 025 ****50.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700000328

1. Entity Name
1235 S.E. 2nd Place LLC

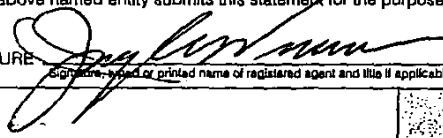
20015726

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5235 NAUTILUS DR. CAPE CORAL, FL 33904		Mailing Address 5235 NAUTILUS DR. CAPE CORAL, FL 33904	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0737719		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent VIACAVA, JOSEPH G JR. 5232 NAUTILUS DR. CAPE CORAL FLA 33904		7. Name and Address of New Registered Agent Name JOSEPH G. VIACAVA, JR. Street Address (P.O. Box Number is Not Acceptable) 1415 Hendry Street City Ft Myers FL Zip Code 33902	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

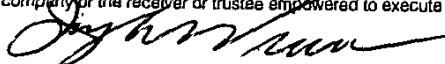
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE 2-10-2005

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIACAVA, LYNNE C 5235 NAUTILUS DR. CAPE CORAL FLA 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE C. VIACAVA 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

 2-10-2005