## 10300024992

(Req	uestor's Name)		
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Bus	iness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		
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Office Use Only



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2008 APR -7 AM 9: 00 SECRETARY OF STATE TALL AHASSEE, FLORID

T. CLINE

APR - 8 2008

**EXAMINER** 



March 25, 2008

DAVID WITTIG 4403 SE 16TH PLACE, SUITE 3 CAPE CORAL, FL 33904

SUBJECT: REALPRO, LLC Ref. Number: L03000024992

We have received your document for REALPRO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days are your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 008A0001769

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ		l Liability Company)	_	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Office (	Change and fee(s) are submitted for	filing.	
Please	return all correspondence concerning this m	atter to the following:		
$\overline{\mathcal{O}}$	avid Wittig (Name of Person)			
Re	CIPO IC (Firm/Company)			
<u> 44</u>	03 SEIDTN PLACE	suite3	2008 APR -7 SECRETAR' TALLAHASS	
<u>C</u>	(City/State and Zip Code)	390Y	PR -7 AM 9: 00 ETARY OF STATE HASSEE. FLORID!	
For fu	rther information concerning this matter, plea	ase call:	ATE ORIDA	
<u>Doi</u>	(Name of Person) at (2)	(Area Code & Daytime Tele	 phone 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 amo	ount:		
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Cop	ру	

## 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: $\frac{\text{Req}(P_C)}{\text{L}}$ .
2. The mailing address of the limited liability company is: 5758 Riverside Oc.
Cape (pral, 71 33904)
4/110B L03000024992
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Wittig David A.  Name  4403 SE (04N 01. 50)+6 3  Address  Cape College State and Zip
6. The name and address of the new registered agent and/or office:
Name  Name  STOR TUVE SIZE  Florida street address (P.O. Box NOT acceptable)  Cape Wal FL 33904  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.  (Frinted 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.
(Signature of Registered Agent)

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