

L03000030889

(Requestor's Name)

14421 Metropolis Ave.
(Address)

Suite 101
(Address)

Ft. Myers, FL 33912
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

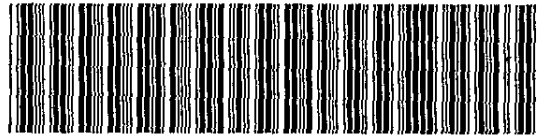
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

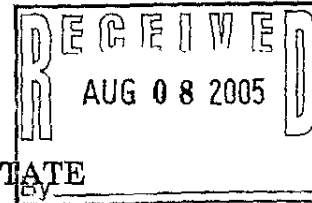
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05 AUG 11 PM 3:52
SEALING OFF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 2, 2005

ERB ENTERPRISES OF LEE COUNTY, LLC
14421 METROPOLIS AVENUE
SUITE 101
FT. MYERS, FL 33912

SUBJECT: ERB ENTERPRISES OF LEE COUNTY, LLC
Ref. Number: L03000030889

We have received your document for ERB ENTERPRISES OF LEE COUNTY, 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):

The registered agent must sign accepting the designation.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 005A00049865

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

**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: ERB ENTERPRISES OF LEE COUNTY, LLC

2. The mailing address of the limited liability company is : _____

14421 Metropolis Avenue, Suite 101, Fort Myers, FL 33912

8/19/03

L03000030889

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:

TROLANO, Joseph A.

Name

2320 First Street, Suite 1000

Address

Fort Myers, FL 33901

City, State and Zip

6. The name and address of the new registered agent and/or office:

ENNEN, William C.

Name

14421 Metropolis Avenue, Suite 100

Florida street address (P.O. Box NOT acceptable)

Fort Myers FL 33912

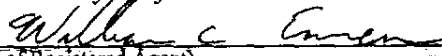
City, State and Zip

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.


(Signature of a member or authorized representative of a member)

(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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA