

DEC-16-2010 17:36

BUTLER & DRAKE

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6363

From: Account Name : J.KEVIN DRAKE, P.A.
Account Number : I20020000002
Phone : (941)954-7750
Fax Number : (941)951-1509

L. SELLERS

DEC 17 2010

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kdrake@drakelawyers.com

RECEIVED
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**REGISTERED AGENT CHANGE
BUTLER AVENUE VILLAS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUTLER AVENUE VILLAS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. KEVIN DRAKE, ESQ.

Name of Person

J. KEVIN DRAKE, P.A.

Firm/Company

1432 FIRST STREET

Address

SARASOTA, FLORIDA 34236

City/State and Zip Code

kdrake@drakelawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. KEVIN DRAKE, ESQ.

Name of Person

at (941)

954-7750 X 412

Area Code & Daytime Telephone 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 amount:

☒ \$25 Filing Fee

☐ \$55 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. Name of the limited liability company: BUTLER AVENUE VILLAS, LLC

2. (a) Principal office address of limited liability company: 5426 SHADOW LAWN DRIVE

(Note: MUST BE STREET ADDRESS)

SARASOTA, FLORIDA 34242

(b) Mailing address of limited liability company: P.O. BOX 19288

(Note: MAY BE POST OFFICE BOX)

SARASOTA, FLORIDA 34276

9/10/2003

L03000034749

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

VINCENT DESSBERG

Registered Office Address:

2035 CORNELL STREET
SARASOTA, FLORIDA 34237

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

J. KEVIN DRAKE, ESQ.

NEW Registered Office Address:

J. KEVIN DRAKE, P.A.

(MUST BE FLORIDA STREET ADDRESS)

1432 FIRST STREET
SARASOTA, FL 34236

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

J. KEVIN DRAKE

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

FILING FEE: \$25.00