

6030000 39370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

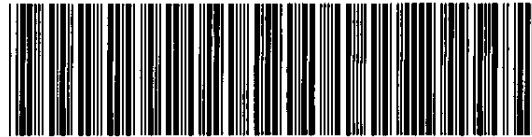
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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5/30/07
[Signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2007

DENISE A SPARTA
407 WEST ST. BLDG B
NAPLES, FL 34108

SUBJECT: CL2, LLC
Ref. Number: L03000039370

We have received your document for CL2, LLC and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$15 for each certificate of status (optional) requested.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 207A00033806

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CL2, 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:

Denise Sparta
(Name of Person)

CL2, LLC
(Firm/Company)

407 West St. Bldg B
(Address)

Naples, FL 34108
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Denise Sparta at (239) 254-9927
(Name of Person) (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. The name of the limited liability company is: CL2, LLC
2. The mailing address of the limited liability company is: 407 West St.
Bldg B Naples, FL 34108
3. Date of filing/registration in Florida 10/14/03 4. Document number L03000039370

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Denise Sparta
Name
9220 Bonita Beach Rd. Ste 215
Address
Bonita Springs, FL 34135
City, State and Zip

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

Denise Sparta
Name
407 West St. Bldg B.
Florida street address (P.O. Box NOT acceptable)
Naples FL 34108
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.

Kenneth P. Sunday, Jr.
(Signature of a member or authorized representative of a member)

Kenneth P. Sunday, Jr.
(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.

Denise A. Sparta
(Signature of Registered Agent)

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