

W4000000251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

App

MA ch

W4-251

Office Use Only



100058588561

M. HODGES

08/22/05--01035--010 **25.00

FILED

05 AUG 22 PM 3:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Moore and Waksler, P.L., Attorneys at Law

1107 W. Marion Ave., Ste. 112
Punta Gorda, Florida 33950
Telephone: (941) 637-1955
Facsimile: (941) 637-8485
mwlaw@moore-wakslerlaw.com

August 16, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To: Amendment Section
Division of Corporations

Re: **Old Town, LLC.** - Document Number of the company: L04000086360

To whom it may concern:

Please find enclosed the Statement of Change of Registered Office for the above limited liability company along with the required fee. Please return all correspondence to:

Moore and Waksler, P.L.
1107 West Marion Avenue, Suite 112
Punta Gorda, Florida 33950
Attention: Gary T. Fileman

Should there be any additional information or required steps necessary, please contact me at the number below.

Very truly yours,



Gary T. Fileman
For the firm

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: Mediterranean Properties, LLC.
2. The mailing address of the limited liability company is : 1812 SW 49th Terrace
Cape Coral, FL 33914

01/02/2004
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:

Robert Farrell	
Name	
3617 SE 10th Ave	
Address	
Cape Coral, FL 33904	
City, State and Zip	

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

Robert Farrell
Name
1812 SW 49th Terrace
Florida street address (P.O. Box NOT acceptable)
Cape Coral FL 33914
City, State and Zip

FILED
05 AUG 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

Robert Farrell
(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