## L04000016378

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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE
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ALL AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Brandywyne, LLC	C Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Denise Sparta (Name of Person)	OF ESCRIPTION OF SECRIPTION OF
Brandywyne LLC (Firm/Company)	HASSEE F
407 West St. Bldg	B
Naples FC 34108 (City/State and Zip Code)	<del></del>
For further information concerning this matter, plea	ase call:
Denix Sparta at (2) (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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2007

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

SUBJECT: BRANDYWYNE, LLC Ref. Number: L04000016378

We have received your document for BRANDYWYNE, 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 and additional \$30 for each certified copy (optional) requested and an additional \$50 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: 707A00033805

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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## 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.

agent, or both, in the State of Floriaa.
1. The name of the limited liability company is: Brandywyne, LLC.
2. The mailing address of the limited liability company is: 407 West St.
, Bldg B Naples, FL 34108
2/20/04
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:  Denise Sparts  Name  Name
9720 Bonita Beach Rd. Ste 215
Bonita Beach Rd. Ste 215  Address  Bonita Springs FC 34135  City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
Denise Sparta
6. The name and address of the new registered agent and/or office:    Denise Sparts   Polyment   Po
Naples FL 34/08 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 of authorized representative of a member)

Kenneth P. Saundry, 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.

(Signature of Registered Agent)

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