

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
KORESHAN/CYPRESS VIEW, LLC



9250 CORKSCREW RD  
SUITE 8  
ESTERO, FL 33928

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ESTERO, FL 33928



CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0880871

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

COSTELLO, TRUMAN J  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1101110999702

04/28/08-81012-012 138 75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MILLER, STEPHANIE
STREET ADDRESS	9250 CORKSCREW RD
CITY-ST-ZIP	ESTERO, FL 33928

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/24/08  
Date

Date: \_\_\_\_\_

239-277-1515

Daytime Phone :

Stephanie Miller