## L040000218994

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(014)/2002/2011 110110 11)
PICK-UP WAIT MAIL
(During Fig. March)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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LA Change
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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LWR Development, 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:
Anthony J Chiofalo (Name of Person)
LWR Development, LLC (Firm/Company)
14400 Covenant Way (Address)
Bradenton, Florida 34202 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony J Chiofalo at (941 ) 757-1626  (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

INHS18 (8/05)

## 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 Florida.			_	
1. The name of the limited	liability company	is: LWR Development, L	LC	·	
2. The mailing address of t	he limited liabilit	company is : 14400 Co	venant Way	<b>.</b> •	
Bradenton, Florida 3420	2				
4/09/04		L040000	026994		
3. Date of filing/registration in Florida		<del> </del>	4. Document number		
5. The name of the registere Florida Department of St	ate:	ck, Esq c/o Icard, Merr		s of the	
2	2033 Main Stre	Name et Suite 600			
-	.oco man one	Address			
<u> </u>	Sarasota, Florid	la 34237 ity, State and Zip	<del> </del>		
6. The name and address of	the new registere	d agent and/or office:			
A	anthony J Chic	falo			
_	4400.0	Name	<del></del>		
<del></del>	4400 Covenar	<del></del>			
	riorida street add	ress (P.O. Box NOT acce	ptaote)		
<u> </u>	Bradenton,	FL 34202	<del></del>		
	Cit	y, State and Zip			
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement	nge or changes ar ne registered agen	e made, the Florida street will be identical. Or. in	address of the registe	red office limited	
(Signature of a member or authorize	d representative of a m	ember)			
Anthony J Chiofalo					
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm the	ment as registere of all statutes rela accept the obliga is document is bei gat the limited lia	d agent and agree to act i tive to the proper and cor ions of my position as reg ng filed to merely reflect o bility company has been n	in this capacity. I furl inplete performance o sistered agent as provi a change in the regist otified in writing of th	ther agree to f my duties ided for in Series of the series	)
(Signature of Registered Agent)		<del></del>		3 PA	!, !=
Division		P.O. Box 6327, Tallaha ING FEE: \$25.00	ssee, FL 32314	CORPORATION OF STATE	
INHS18 (8/05)				4: A	