

104000038679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SENIOR VENTURE, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000038679

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS CARTWRIGHT  
(Name of Person)

SENIOR VENTURE, LLC  
(Name of Firm/Company)

383 NE BAKER ROAD  
(Address)

Stuart, FL 34994  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS CARTWRIGHT at ( 772 )  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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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.*

1. The name of the limited liability company is: SENIOR VENTURE, LLC
2. The mailing address of the limited liability company is : 383 NE BAKER ROAD  
STUART, FL 34994
3. Date of filing/registration in Florida 05/14/2004
4. Document number L04000038679
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DONESE K. BEARD

Name

4991 NW 107th AVENUE

Address

CORAL SPRINGS, FL 33076

City, State and Zip

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

THOMAS CARTWRIGHT

Name

383 NE BAKER ROAD

Florida street address (P.O. Box NOT acceptable)

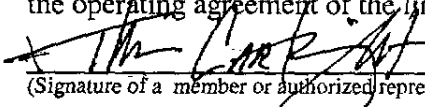
STUART

FL

34994

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 or authorized representative of a member)

THOMAS CARTWRIGHT  
(Printed or typed name of signer)

*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