

L040000039672

(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:

CF
5/7

L04-39672 RA/PC change

Office Use Only



100066795411

03/02/06--01009--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR -2 AM 10:28

APPROVED
AND
FILED



LAW OFFICES OF
DUNLAP & MORAN, P.A.

SUITE 700
1990 MAIN STREET
SARASOTA, FLORIDA 34236
POST OFFICE BOX 3948
SARASOTA, FLORIDA 34230-3948
TELEPHONE 941-366-0115
FACSIMILE 941-365-4660

February 27, 2006

JUDSON H. BAILEY
JOHN E. BROWN* ^
SCOTT H. CARTER**
SCOTT W. DUNLAP*
RYAN A. FEATHERSTONE
RALPH L. FRIEDLAND†
GARY KAUFFMAN††
THOMAS B. LUZIER
RUTH E. MCMAHON†
DAVID M. MITCHELL‡
JOHN A. MORAN
REBECCA J. PROCTOR
BURTON M. ROMANOFF*
JOHNSON S. SAVARY, JR.††

* FLORIDA BAR BOARD CERTIFIED-
REAL ESTATE
^ ALSO LICENSED IN KENTUCKY
** ALSO LICENSED IN TEXAS
† OF COUNSEL
ALSO LICENSED IN CONNECTICUT
†† ALSO LICENSED IN NEW YORK
‡ FLORIDA BAR BOARD CERTIFIED-
WILLS, TRUSTS & ESTATES
ALSO LICENSED IN
COLORADO AND MICHIGAN
§ OF COUNSEL
* ALSO LICENSED IN PENNSYLVANIA
†† ALSO LICENSED IN MICHIGAN
File No. 8047-2

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**RE: Statement of Change of Registered Office or Registered Agent or Both
for a Limited Liability Company**

To Whom This May Concern:

Attached is a Cover Letter and completed Application for Change of Registered Office or Registered Agent or Both for a Limited Liability Company that we are filing for **CAB, Limited Liability Company**. Also enclosed is a check in the amount of \$25.00, payment in full to process this filing.

Thank you in advance for your assistance in this matter. Feel free to contact me by phone or email at dwilliams@dunlapmoran.com if you have any questions regarding this request.

Very truly yours,

Donna M. Williams
Legal Assistant

Enclosures
cc: Monique Joannette

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAB, Limited Liability Company
(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:

Monique Joannette

(Name of Person)

(Firm/Company)

1950 Alta Vista Street

(Address)

Sarasota, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

Monique Joannette

(Name of Person)

at (941)

924-9415

(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

☐ \$55 Filing Fee & Certified Copy

**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: CAB, Limited Liability Company
2. The mailing address of the limited liability company is : 1950 Alta Vista Street, Sarasota, FL 34236

5/25/04

L0400039672

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:

Cherie A. Binger

Name

1614 Hillview Street

Address

Sarasota, FL 34236

City, State and Zip

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

Monique Joannette

Name

1950 Alta Vista Street

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

Sarasota

FL 34236

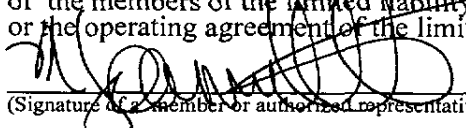
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR -2 AM 10:28

APPROVED
AND
FILED

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)

Monique Joannette

(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**