15:40 10N-19 Unvision of ations

PAVESE LAW FIRM

239 542 8963

P.001 i age i ui

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070001614153)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

Account Name

: PAVESE, HAVERFIELD, DALTON, HARRISON & JENSEN, L.L.P.

Account Number : I20020000070 'Phone

: (239)336-6253

Fax Number

: (239)332-2243

REGISTERED AGENT CHANGE

TD LEEBER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

PAVESE LAW FIRM (((H07000161415 3)))

239 542 8953

P.002

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.4 liability company submits the following states agent, or both, in the State of Florida.	116 or 608.508, Florida Statutes, the undersigned In ment in order to change its registered office or regis	mited stered
1. The name of the limited liability company i	is: TD LEEBER, LLC	······································
2. The mailing address of the limited liability	company is: 1505 SW 28TH TERRACE,	•
CAPE CORAL, FLORIDA 33914		
08/02/2004	L04000057002	<u> </u>
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown on the records of the	
ANTHONY J. L	LEEBER, JR.	
5807 STAYSAIL		
645E 665A F	Address	
CAPE CORAL, F	ry, State and Zip	1.
6. The name and address of the new registered	l agent and/or office:	FILED
EDWARD C. LC	OHRER SS T	百层
	Name EQ	圣 它
4635 S. DEL PR		_
Florida street addre	ess (P.O. Box NOT acceptable)	8: E
CAPE CORAL,	FL 33904 977	=
City	, State and Zip	
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to of the members of the limited liability compar or the operating agreement of the limited liabil		ote.
(Signature of member of authorized representative of a mem	mber)	
Anthony J. Leeber, Jr.	<u> </u>	
(Printed or typed name of signer)		
comply with the provisions of all statules related and I am familiar with and accept the obligation and I am familiar with and accept the obligation Chapter 608, F. S. Or if this document is being address. I hereally configure that the limited liability	I agent and agree to act in this capacity. I further agr tive to the proper and complete performance of my du- ions of my position as registered agent as provided for ig filed to merely reflect a change in the registered off tility company has been notified in writing of this chan	ee to ties, ' in ice ige.
(Signature of Registered Agent)		
	P.O. Box 6327, Tallahassee, FL 32314 ING FEE: \$25.00	

INHS18 (8/05)

(((H070001614153)))