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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wingate View Developers, L.L.C. (Name of Limited)	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Gary B. Leuchtman (Name of Person)	
Beggs and Lane (Firm/Company)	
501 Commendencia Street	
(Address)	
Pensacola, Florida 32502	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Gary B. Leuchtman at (85	50 <u>)</u> 432-2451
(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 amou	int:
✓ \$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:	Wingate View Developers, L.L.C.	
2. The mailing addr	ress of the limited liability co	mpany is :	
101-A Business Cent	re Drive, Destin, Florida 32550		
8/24/2004		L04000062771	•
3. Date of filing/reg	gistration in Florida	4. Document num	ber
5. The name of the r Florida Departme		tered office address as shown or	n the records of the
	Herman L. Neese, J		
		Name	
	101-A Business Cent		
		Address	3 0
	Destin, Florida 32550	State and Zip	ALC ALC
	•	1	
6. The name and add	dress of the new registered ag	ent and/or office:	78 29
	Gary B. Leuchtman		m-s
		Name	
	501 Commendencia S	treet	
	Florida street address	(P.O. Box NOT acceptable)	33
	Pensacola	FL 32502	<u> </u>
	City, S	tate and Zip	
confirmed that after and the business off liability company, it of the members of t or the operating agre	the change or changes are made of the registered agent will is hereby confirmed that the he limited liability company element of the limited liability	under the laws of the State of Flade, the Florida street address of ll be identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the company.	of the registered office of a Florida limited by an affirmative vote
(Signature of a member or	authorized representative of a membe	r)	
WILLIAM	F. KONRK		
(Printed or typed name of	signee)		. 2
VM / U	WAHA	gent and agree to act in this cap to the proper and complete per s of my position as registered as iled to merely reflect a change in y company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered A) Roy 6327 Tallahassee FL	2021 (
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FILING FEE: \$25.00