

L040000091211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

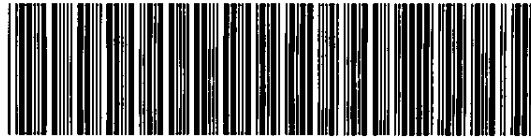
(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EVENING SHADE, 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:

RICHARD A. FRITZ  
Name of Person

EVENING SHADE, LLC  
Firm/Company

864 ROSE CT.  
Address

MARCO ISLAND, FL 34145  
City/State and Zip Code

FRITZGONCON@EMBARQMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORI FRITZ at (239) 682-3065  
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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2014

RICHARD A. FRITZ  
EVENIN' SHADE, LLC  
864 ROSE CT  
MARCO ISLAND, FL 34145

SUBJECT: EVENIN' SHADE, LLC  
Ref. Number: L04000091211

We have received your document for EVENIN' SHADE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 214A00011822

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14 AUG -8 AM 11:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: EVENIN SHADE, LLC
2. (a) 864 ROSE CT (b) 864 ROSE CT.  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145
3. 12/16/2004 4. L04000091211  
Date of filing/registration in Florida Document number
5. (a) HAHN LOESER & PARKS LLP  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
800 LAUREL OAK DRIVE, SUITE 600  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
NAples, FL 34108
- (b) RICHARD A. FRITZ  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
864 ROSE CT.  
NEW Registered Office Address:  
MARCO ISLAND, FL 34145

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SECRETARY OF STATE  
14 AUG -8 AM 8:20

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.

Cori S. Fritz  
Signature of a member or authorized representative of a member

Cori S. Fritz  
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 605, 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.

Richard A. Fritz  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00