

L05 0000 18277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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(Business Entity Name)

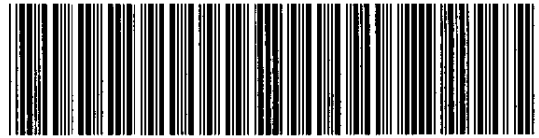
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

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EXAMINER

S. HAWKES

NOV 12 2009

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: G F F W L L C  
(Name of Limited Liability Company)

DOCUMENT NUMBER: L 0 5 0 0 0 0 1 8 2 7 7

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:

FRANK L Girard  
(Name of Person)

G F F W L L C  
(Name of Firm/Company)

19745 Vintage Trace Circle  
(Address)

FT Myers FL 33967  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Girard at ( 414 ) 333-8994  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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. Name of the limited liability company: G F F W, LLC

2. (a) Principal office address of limited liability company: 19131 Vintage Trace Circle  
FT Myers FL 33967  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida 10-1-09

4. Document number # L0500001827

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Manns Gene

Registered Office Address:

19131 Vintage Trace Circle  
FT Myers FL 33967

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Girard Frank

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

19745 Vintage Trace Circle  
FT Myers, FL 33967

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.

Frank L. Girard  
(Signature of a member or authorized representative of a member)

FRANK L Girard  
(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.

Frank L. Girard  
(Signature of Registered Agent)

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