

LOS000028820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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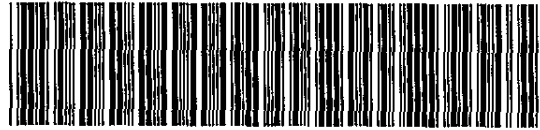
(Business Entity Name)

(Document Number)

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11:11 AM

LOS-28820  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2006

ROBERT GAECKE  
10016 OAKHURST WAY  
FORT MYERS, FL 33913

SUBJECT: GAECKE-CHIASSON, LLC  
Ref. Number: L05000028820

We have received your document for GAECKE-CHIASSON, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must state in the amendment what information you are trying to add or delete. To change the registered agent you must file registered agent change. You can not submit new articles for a LLC we already have on file.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 306A00015395

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gaecke Chiasson LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Gaecke

(Name of Person)

(Firm/Company)

10016 Oakhurst Way

(Address)

Fort Myers FL. 33913

(City/State and Zip Code)

RECEIVED  
SECRETARY OF STATE  
JAN 22 1992

For further information concerning this matter, please call:

Robert Gaecke

(Name of Person)

at ( 239 ) 561-6846

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration 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. The name of the limited liability company is: Gaecke Chiasson, LLC
2. The mailing address of the limited liability company is: 10016 Oakhurst Way  
Fort Myers FL 33913
3. Date of filing/registration in Florida March 21, 2005
4. Document number LO5000028820

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Robert Gaecke  
Name  
10016 Oakhurst Way Fort Myers FL 33913  
Address  
City, State and Zip

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

Arlene E. Chiasson  
Name  
10016 Oakhurst Way  
Florida street address (P.O. Box NOT acceptable)  
Fort Myers, FL 33913  
City, State and Zip

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.

Robert Gaecke  
(Signature of a member or authorized representative of a member)

Robert Gaecke  
(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.

Arlene E. Chiasson  
(Signature of Registered Agent)

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