## 105000031542

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
. DB

Office Use Only



600111485456

11/01/07--01027--008 \*\*25.00

O/NUV-I AMII:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FIRST COASTAL CARVER 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:		
BRIAN ECKSTEIN  (Name of Person)  FIRST COASTAL HOMES, NC.  (Firm/Company)  LOGS AIA BEACH BWD #170  (Address)  ST. AUGUSTINE FL 32080  (City/State and Zip Code)		
For further information concerning this matter, please call:		
The Stant   Stant		
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		

## 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: Fies	T COASTAL CAPVER LLC
2. The mailing address of the limited liability company is:	1093 AIA BEACH BLUD #170
	ST. AUGUSTINE, FL 32080
3/30/2005	L05000031542
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:	
SIKES RONALD I	N ESR
Name    OOO W ROBINSON	ST, STE A RECRETANT OF USA
6. The name and address of the new registered agent and/or	
BRIAN ECKSTEIN	Nonice:  Aff II: 5  FLORID
BRIAN ECKSTEIN 28 MICKLER BI	office:  Aff   1:5   Z  Z  Z  Z  Z  Z  Z  Z  Z  Z  Z  Z  Z
Florida street address (P.O. Box	NOT acceptable)
ST. AUGUSTINE, FL	32080
City, State and Zi	p
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Jami Kahdi)	-
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

(Signature of Registered Agent)