## L0500036047

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## **COVER LETTER**

**TO:** Registration Section

Division of Corporations		
SUBJECT: WESTSHORE BONITA DEVELOPMENT, 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:		
STEVEN 2 SINS (Name of Person)		
Wootshore Bonita Development LLC (Firm/Company)		
Po Box 188 (Address)		
Bonita Springs FL 34133 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Steven Sins at (239 ) 572-2339 (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 \$Certified Conv		

## 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: $\underline{W}$	estanore Bonta Development LC.
2. The mailing address of the limited liability comp	any is: 8891 Brighton Lane
_	sonuta Springs, FL 34135
April, 12, 2005	L05000036047
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	ed office address as shown on the records of the
Janes, Pilki	ng to N
	1 LANE # 128
Bonita Springs	te and Zip  tand/or office:  FILED  FILED  FILED  THE SCREEN FLORING  THE STREET FLORI
6. The name and address of the new registered agen	t and/or office:
Steven R. Sinks	FLORE S.
2780 BAy lander Florida street address (P	one Orive #5 O. Box NOT acceptable)
Bonta Springs F City, State	nL 34135 e and Zip
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the ch	ler the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
STEVEN Z. SALS (Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address. I hereby confirm that the limited liability c	It and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.
Stewer R. Driew	

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

(Signature of Registered Agent)