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PICK-UP	WAIT	MAIL		
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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: 8971 Brighton Lane 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:
Abigail Walker (Name of Person)
(Name of Person)
(Firm/Company)
27606 Wisconsin St. (Address)
(Address)
Bonita Springs, FL 34/35 (City/State and Zlp Code) RECRETARY ALLARY SECOND
(City/State and Zip Code)
For further information concerning this matter, please call: Above 1 May 1/2 2 24 2 948-70 24
Abigail Walker at (234) 948-7878 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
■ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

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.

agent, or both, in the sidie of Florida.				
1. The name of the limited liability company is:	8971 Brie	ghiton Lane,	LLC	<u></u> ·
2. The mailing address of the limited liability company	is: <u>3590</u> 2	3rd Ave 5	`W	
	Naples	FL 3417		
April 15 2005	40500	00 37472		
3. Date of filing/registration in Florida	4. Documen			
5. The name of the registered agent and the registered of Florida Department of State: Jon a Han H. Gr.			ords of the	
Jonathan H. Gr Name 799 Brickell Addres Miami FL City, State a	Plaza Ste ; ss 33/31 and Zip	<u>70-0</u>		
6. The name and address of the new registered agent an Gary Wilson Porter, Wright Morn Name 5801 Pelican E Florida street address (P.O. Naples FL City, State an	nd/or office: ris + Arthur Bay Blud Ste Box NOT accepta	TALLAHASSEE able)	2007 SEP 8 AM : SECRETARY OF STA	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as of the limited liability or as of the limited lia	ne Florida street ad dentical. Or, in the re(s) was/were autl	ite of Florida, it: Idress of the regi e case of a Floric horized by an af	is hereby istered office da limited firmative vo	te
(Printed or typed name of signee) I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, in this document is being filed to address Thereby confirm that the limited liability comp	nd agree to act in to proper and comp position as regist merely reflect a co pany has been noti	this capacity. I j lete performanc tered agent as pi hange in the reg ified in writing o	further agree e of my dutie rovided for i gistered offic of this change	e to es, n ee e.
(Signature of Rypistered Agent)				

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