

LD5000047141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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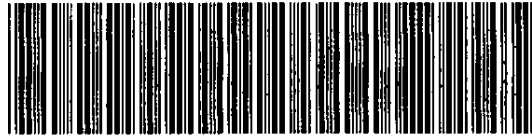
(Business Entity Name)

(Document Number)

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2010 MAY 21 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 24 2010

EXAMINER

STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA
LL.M. IN TAXATION

THE HAMILTON
2799 NW Boca Raton Blvd., #203
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

May 17, 2010

Florida Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Tuscany Development Group LLC

Dear Sir/Madam:

Enclosed herein for filing you will find, an original and one copy of a Statement of Change of Registered Agent for the above noted Florida Limited Liability Company.

Also enclosed is our check in the amount of \$25.00 as filing fee.

Please be so kind as to return all appropriate documents to us. A pre-paid, self-addressed stamped envelope is enclosed for your convenience.

Sincerely,

STEVEN A. SCIARRETTA, P.A.


Steven A. Sciarretta

SAS/sib

Enclosure

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: Tuscany Development Group, LLC

2. (a) Principal office address of limited liability company: _____

☒ (Note: **MUST BE STREET ADDRESS**) 28710 Altessa Way, No. 102
Bonita Springs, FL 34155

(b) Mailing address of limited liability company: _____

☒ (Note: **MAY BE POST OFFICE BOX**) 65 Western Industrial Drive
Cranston, RI 02921

May 11, 2005 L05000047141
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Andrew D. MacColl

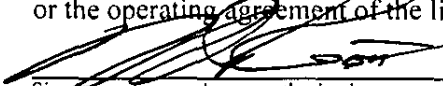
Registered Office Address: 1862 Narrington Avenue
North Port, FL 34288

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

NEW Registered Agent: Steven A. Sclarretta, Esq.

NEW Registered Office Address: 2799 NW Boca Raton Boulevard
(MUST BE FLORIDA STREET ADDRESS) Suite 203
Boca Raton, FL 33431-6699

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.


Signature of a member or authorized representative of a member

Vincent A. Rossi, III

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.


Signature of Registered Agent Steven A. Sclarretta, Esq.

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