

L05000052739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L05

(Document Number)

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S. HAWKES
NOV 20 2008
EXAMINER





FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2008

SAMANTHA HOWES
8010 SUMMERLIN LAKES DR 200
FORT MYERS, FL 33907

SUBJECT: DC NOON, LLC
Ref. Number: L05000052739

We have received your document for DC NOON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 308A00056156

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DC NOON, 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:

Samantha Howes

(Name of Person)

Hill, BARTH & KING, LLC

(Firm/Company)

8010 Summerlin Lakes Dr. #200

(Address)

FORT MYERS, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha Howes

(Name of Person)

at (239) 482-5522

(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 already
sent

☐ \$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. Name of the limited liability company: DC NOOD LLC
2. (a) Principal office address of limited liability company: 7205 ESTERO BLVD
FORT MYERS BEACH, FL
33907
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: (Same)
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 5/24/2005
4. Document number: L05000052739

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

Registered Agent:

HOLLY, SUSAN, CPA, P.A.

Registered Office Address:

13725 Colling CT
ESTERO, FL 33928

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

NEW Registered Agent:

SAMANTHA HOWES © HILLBARTH
KING, LLC

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

8010 Summerlin Lakes Dr #200
FORT MYERS, FL 33907

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.

CRAIG HILBRETH
(Signature of a member or authorized representative of a member)

CRAIG HILBRETH
(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.

SIA
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00