

105000061985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

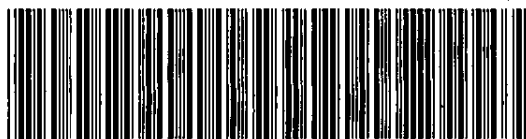
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500166977455

02/01/10--01019--025 \*\*25.00

FILED

10 FEB - 1 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 2 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gleason I 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:

Michael Devito  
Name of Person

Gleason I LLC  
Firm/Company

3515 Del Prado Blvd #107  
Address

Cape Coral, FL 33904  
City/State and Zip Code

Klajos@baywoodconstruction.com  
E-mail address: (to be used for future annual report notification)

FILED  
10 FEB - 1 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Devito at ( 239 ) 728-8234  
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

☐ \$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:

Gleason I LLC

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



(Note: **MUST BE STREET ADDRESS**)

3515 Del Prado Blvd #107  
Cape Coral, FL 33904

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

3515 Del Prado Blvd #107  
Cape Coral, FL 33904

LD5 000061985

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:

Michael Devito

Registered Office Address:

3515 Del Prado Blvd #107  
Cape Coral, FL 33904

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

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

3515 Del Prado Blvd #107  
Cape Coral, FL 33904

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of 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

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

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

FILING FEE: \$25.00

FILED  
10 FEB -1 PM  
SECRETARY OF  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gleason I, LLC
2. The principal office address: 3515 Del Prado Blvd. #107 Cape Coral, Florida 33904
3. The mailing address (if different): 3515 Del Prado Blvd #107 Cape Coral, Florida 33904
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: L05000061985
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael J Devito

534 SE 16th Place

Cape Coral, Florida 33990

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael J. Devito

3515 Del Prado Blvd #107

P.O. Box NOT acceptable

Cape Coral, Florida 33904

**FILED**  
**10 FEB - 1 PM 2:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Michael Devito  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

12/16/09  
Date

If signing on behalf of an entity:

Michael Devito  
Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)