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FILED 2013 MAR 26 AM 9: 44 Secvedation of State Malannaste, Florida COVER LETTER

**TO:** Registration Section Division of Corporations

## **SUBJECT:** Main Street Limited Ventures, 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 A. Ramunni

Name of Person

#### Kahle & Ramunni, P.S.

Firm/Company

#### 1533 Hendry Street, Suite 101

Address

Fort Myers, Florida 33901

City/State and Zip Code

#### steve@kahleramunni.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Steven A. Ramunni

Name of Person

# <u>239 \_791-3900</u>

Area Code & Daytime Telephone Number

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

#### **STREET/COURIER ADDRESS:**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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: Main Street Limited Ver	ntures, LLC		2813
<ol> <li>(a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)</li> </ol>			HAR 2
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Post Office Box 1118 LaBelle, Florida 33975	SEE, FLORID	
08/03/05 3. Date of filing/registration in Florida	4. Document number		<b>F</b>
5. Date of ming/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	t. of State	2:
Registered Agent:	Steven A. Ramunní		
Registered Office Address:	110 North Main Street LaBelle, Flonda 33935		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE'</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	1533 Hendry Street, Suite 101		
(MUST BE FLORIDA STREET ADDRESS)	Fort Myers, Florida 33901	,FL	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwit the operating agreement of the limited liability company.	lorida street address of the reg tical. Or, in the case of a Flori ) was/were authorized by an a:	istered of da limite ffirmative	ffice d vote of
Signature of a member or authorized representative of a member <u>Stpuen</u> A - Ramunni Man. Printed or typed name of signee	Member		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my pa Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I oper and complete performan ssition as registered agent as p rrely reflect a change in the re y has been notified in writing	further a ce of my o provided j gistered of this ch	gree to duties, for in office ange.
Signature of Registered Agent			

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

INHS18 (05/08)

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