L05000080031

(Requestor's Name)	
(Address)	•
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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SECRETARY OF STATE
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J. BRYAN

AUG 3 1 2009

EXAMINER



Arlene F. Austín; P.A.

ATTORNEY AT LAW

6312 TRAIL BOULEVARD Naples, FL 34108-2836 PH: (239) 514-8211 FAX: (239) 514-4618 AFAUSTIN@ATT.NET

August 26, 2009

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

Re: Registered Agent Office Change

Ladies and Gentlemen:

Enclosed please find the following Statement of Change of Registered Office for the Registered Agent for the following companies:

- 1. Apollo Home Services, Document #L05000080031, Check #1090, in the amount of \$25.00
- 2. Anspach & Associates, PLLC, Document #L07000107477, Check #588, in the amount of \$25.00
- 3. The Theological Center in Naples, Inc., Document #N0000003427, Check #1009, in the amount of \$35.00
- 4. Hawkeye Sign Co., LLC, Document #L03000046671, Check #1687, in the amount of \$25.00
- 5. The Gallery of Estate and Precious Jewels, LLC, Document #L04000037100, Check #7437, in the amount of \$25.00
- 6. J. Roland "Jack" Lieber, PLLC, Document #L08000117182, Check #1029, in the amount of \$25.00
- 7. Gatz Properties, LLC, Document #L0000003823, Check #1786, in the amount of \$25.00
- 8. Gatz Properties II, LLC, Document #L01000007753, Check #2079, in the amount of \$25.00
- 9. Cindy Booker Gatz, LLC, Document #L0000003822, Check #4868, in the amount of \$25.00



Page Two August 26, 2009

- 10. Jackielen, LLC, Document #L06000023022, Check #757, in the amount of \$25.00
- 11. Le Chic Salon of Naples, LLC, Document #L06000017002, Check #7664, in the amount of \$25.00
- 12. Focus on Senior Care, LLC, Document #L06000106565, Check #4169, in the amount of \$25.00

Thank you for your kind cooperation and assistance. If you have any questions, please do not hesitate to contact me.

Very truly yours

Arlene F. Austin

AFA:jf

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

	egistration Section vivision of Corporations				
SUBJEC				ervices, LLC lity Company	
Dear Sir	or Madam:				
The enclo	osed Registered Agent/Registered	Office (Change	and fee(s) are	submitted for filing.
Please re	turn all correspondence concerning	g this m	atter to	the following:	
	Arlene F. Austin, Esq.				
	Name of Person				
	Arlene F. Austin, P.A. Firm/Company	_		_	09 AUG 28 PH 2: 09 SECRETARY OF STATE FALL AHASSEE. FLORID
	6312 Trail Blvd.				28 PH TARY O ASSEE
	Address				F S T F L O
	Naples, FL 34108 City/State and Zip Code			_	ATE RID
E-mai	address: (to be used for future annual report	notificatio	n)		
For furth	er information concerning this mat	ter, plea	ise cali	:	
.	Arlene F. Austin Name of Person	at (239) Area Code & Dayti	514-8211 me Telephone Number
R O D C: 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301		Reg Div P.C	AILING ADDR gistration Section vision of Corpora D. Box 6327 lahassee, Florida	n ations
E	nclosed is a check for the followi	ng amo	unt:		
	\$25 Filing Fee		S \$	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:	<u> Apollo Home Services, Ll</u>	_C		
2. (a) Principal office address of limited liability compar	ny: 3732 SW 3rd	Terrace		
(Note: MUST BE STREET ADDRESS)	Cape Coral, FL 33991			
(b) Mailing address of limited liability company:	3732 SW 3rd Terrad	ce		
(Note: MAY BE POST OFFICE BOX)	Cape Coral, FL 33991			
8/12/05	L0500008003	1		
3. Date of filing/registration in Florida	4. Document number	.,		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept	. of State:		
Registered Agent:	Arlene F. Austin	C. 20 /		
Registered Office Address:	5811 Pelican Bay Blvd. Suite 201 Naples, FL 34108			
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:	1. C. O.		
NEW Registered Agent:	Arlene F. Austin, Esq.	<u> </u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6312 Trail Blvd.			
(MUSI BE FLUKIDA SI KEET ADDRESS)	Naples	,FL <u>34108</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the regi	stered office		
ELIZABETH FAIETA Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 508, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compared Signature of Registered Agent	agree to act in this capacity. I f roper and complete performanc osition as registered agent as pi erely reflect a change in the reg ny has been notified in writing o	further agree to e of my duties, rovided for in istered office f this change.		