## 105000 8/207

. (Requestor's Name)					
(Address) -					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
TALLAHASSEE FINALE

D. BRUCE
JAN 11 2010
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUB.	JECT: Zo/Fo Name of L	Mitted Liability Company	<u>-</u>
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for fil	ing.
Pleas	e return all correspondence concerning t	his matter to the following:	
	Steven G. Witter. Name of Person	<del></del>	
	20/Fo 66, LL C. Firm/Company		Ac.
	6338 Presidential court	Ju. te 102	O JAN -8
	Furt Myers FL 33919 City/State and Zip Code	E. FLORID	JAN-8 MHH: 29 CHETARY OF STATE
{	Witchas a ol. com E-mail address: (to be used for future annual report no		
For f	urther information concerning this matte	r, please call:	
	Steven G. Witter Name of Person	at (239) 470 5428  Area Code & Daytime Telephone Number	er
	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	g amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## TATEMENT 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. 20150662LL 1. Name of the limited liability company: \_ residential lour Suite 102 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (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) 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 Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. Earther 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.

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

Signature of Registered Agent