

LD5000082177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

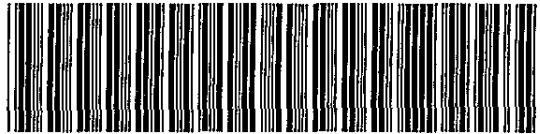
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000058636000

08/29/05--01036--018 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 29 AM 11:44

ABEL | BAND®

ATTORNEYS AND COUNSELORS AT LAW

Mailing Address: P.O. Box 49948, Sarasota, FL 34230-6948

240 South Pineapple Avenue
Sarasota, FL 34236
TEL 941-366-6660
FAX 941-366-3999

WWW.ABELBAND.COM

Judith K. Green, Paralegal

Writer's Direct Line: (941) 364-2757

Direct E-mail: jgreen@abelband.com

Please refer to our file number: 11641-11

August 24, 2005

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

Re: **CASITAS, LLC**

Dear Sir or Madam:

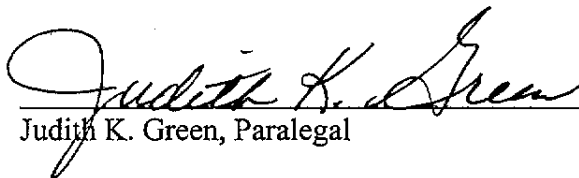
Enclosed please find the original and one (1) copy of the **Statement of Change of Registered Agent**, along with our check in the amount of \$25.00 to cover the cost of the filing.

Please return the date-stamped copy of the Statement to the undersigned in the envelope provided for your convenience.

Thank you for your attention and assistance in this matter.

Very truly yours,

ABEL, BAND, RUSSELL, COLLIER,
PITCHFORD & GORDON, CHARTERED



Judith K. Green, Paralegal

jkg
Enclosure

SARASOTA, FLORIDA

VENICE, FLORIDA

DENVER, COLORADO

ABEL, BAND, RUSSELL, COLLIER, PITCHFORD & GORDON, CHARTERED

**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. The name of the limited liability company is: CASITAS, LLC

2. The mailing address of the limited liability company is : 5951 Kestral Park Lane
Sarasota, FL 34231

August 19, 2005

L05000082177

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Cheryl L. Gordon

Name

240 So. Pineapple Ave., 10th Floor

Address

Sarasota, FL 34236

City, State and Zip

6. The name and address of the new registered agent and/or office:

Lori Brand Stall

Name

5951 Kestral Park Lane

Florida street address (P.O. Box NOT acceptable)

Sarasota

FL 34231

City, State and Zip

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)

Lori Brand Stall

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 29 AM 11:44