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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

A SHOR OF CHAPOLASSER

Account Name : AARON A. FARMER, P.L.

Account Number : 120070000090 Phone : (239)262-2040

Fax Number : (239)262-2180

SECRETARY OF STATE

## REGISTERED AGENT CHANGE

CLAYWOOD, LLC

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\$35.00

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Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CLAYWOOD, LLC (Name of I	Limited Liab	ility Company)
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter t	to the following:
Maria C. Ferrao		07 JUL SECRET TALLAH
Aaron A. Farmer, P.L.		17 AM ASSEEL
720 Fifth Avenue South, Suite 211	·	9: 48 STATE FLORIDA
Naples, FL 34102 (City/State and Zip Orde)		: · · · · · · · · · · · · · · · · · · ·
For further information concerning this man	ter, please ca	ail:
Maria C. Ferrao	_at (239_	<sub>)</sub> 262-2040
(Name of Person)		(Arca Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R C P	AAILING ADDRESS: tegistration Section livision of Corporations .O. Box 6327 'allahassec, Florida 32314
Enclosed is a check for the followi	ng amonat:	
☑\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS1 # (8/05)		

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Jul 16 07 09:41a HC Bood Jr

239-590-3890

P. 1

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the proviability company sub ligent, or both, in the l	isions of sections 608.4]6 or mils the following statement in State of Florida.	508.508, Florida Statutes, the corder to change its registere	s undersigned limi ed office or register	ted red
. The name of the lin	nited liability company is: (CL)	YWOOD, LLC		
2. The malling addres	s of the limited liability compa	ny is : 2338 immokalee Road, I	Yo. 189	
Naples, FL 34110				<b></b> ·
August 31, 2005		L05000088314		
B. Date of filing/regis	tation in Florida	4. Document number	•	_
5. The name of the rep Florida Department	gistered agent and the registered	i office address as shown on ti	ac records of the	
	Fowler White Boggs Ba	inker PA		
	Na		a	
•	5811 PELICAN BAY BLV		AS O	
	Naples, FL 34108	1633	7.J	-
		c and Zip	JUL I	
6. The name and addr	ess of the new registered agent	and/or office:	S ~ ~	linear
	Aaron A. Farmer, P.L.	_	mo Þ	-
•	Nam			9 8
	720 Fifth Avenue South, S		107 118 16	
	Florida street address (P.	O. Box NOT acceptable)	9: 48 TATE ORID	<b>A</b>
	Naples, Ft. 34102 FI	<del>1</del>	>	
	City, State	and Zip		
confirmed that after t and the business offic flability company, it of the members of th	company is not organized und the change or changes are made to of the registered agent will be is hereby confirmed that the cha- te limited liability company or a ement of the limited liability co	, the Florida street address of t e identical. Or, in the case of a ange(s) was/were authorized b as otherwise provided in the ar	ine registered Office a Florida limited y an affirmative vo	te .
Show 6	West 2	<b></b>		
- <i>y</i>	supported representative of a member)			
Henry C. Wood, Jr.		<del></del>		
(Printed or typed name of a			Mar. 200 12	• .
I nereby accept the comply with the provand I am familiar will Chapter 608, F.S. O address of fereby col	appointment as registered agent thous of all statutes relative to in and accept the obligative to r. If his document is being filed aftern that the limited liability co	i and agree to act in this capa, the proper and complete perfo my position as registered ago, to merely reflect a change in impany has been notified in w	nry. I further agree irmance of my duli nt as provided for l the registered offic rifing of this change	: 10 is, n e e.
(Signature of Rodinared A	april)			

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

DVHS18 (8/05)