## L05000088472

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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T. CLINE

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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
	NTS OF DKEECHOBEE, Le Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
CURT GALLATIN Name of Person	
D&C TAVESTMENTS OF Firm/Company	OKEECHOBEE, LLC
322 SIRENA DRIVE	
LAKE PLACID, FLOR/ City/State and Zip Code	AHASSEE FLORE
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, pleas	e call:
CURT GALLATIN at (9) Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

## "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.

ageni, or boin, in the State of Florida.	
1. Name of the limited liability company: $D \notin C I$	,
2. (a) Principal office address of limited liability company	322 SIRENA DRIVE
(Note: MUST BE STREET ADDRESS)	LAKE PLACID, FLORIDA 33852
(b) Mailing address of limited liability company:	322 SIRENA DRIVE
(Note: MAY BE POST OFFICE BOX)	LAKE PLACID, FLORIDA 33852
9/8/2005	L05000088672
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	DAVID FELTENBERGER
Registered Office Address:	1411 S.W. 5th Avenue OKEECHOBEE, FLOUISA 34974
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	N Registered Office address:  CURT GALLATIN  322 SIRENA DRIVE  LAKE PLACID, FLORIDA 33852
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  CURT GALLATIN	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I pereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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