

L05000100211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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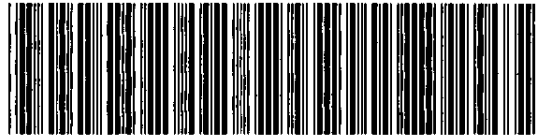
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
09 JAN -5 AM 8:43

J. BRYAN

JAN -6 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Siesta Bayou, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gray Swore
(Contact Person)

Bowen Practice Management
(Firm/Company)

265 Cedar Park Circle
(Address)

SPRING, FL 34242
(City/State and Zip Code)

For further information concerning this matter, please call:

Gray Swore at (941) 400 0840
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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

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DIVISION OF CORPORATIONS
09 JAN -5 AM 8:44

**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: Siesta Bayou, LLC
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) 1617 S. Tuttle Ave Suite 1A
SPASORA FL 34239
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**) Same

3. Date of filing/registration in Florida
10-10-05

4. Document number
L05000100211-5

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

G Michael Swor

Registered Office Address:

1617 S Tuttle Ave #1A
SPASORA FL 34239

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Gray Swor

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

265 Cedar Park Circle
SPASORA FL 34242

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.

Gray Bowen Swor
(Signature of a member or authorized representative of a member)

Gray Bowen Swor
(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.

Gray Bowen Swor
(Signature of Registered Agent)

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