

07/30/2007 12:30

850-245-6897

FL DEPT OF STATE

PAGE 01/03

07/30/2007 12:23 FAX 239 2613477

IMMIGRATION SERVICE

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000192549 3)))



H070001925493ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : AARON A. FARMER, P.L.
Account Number : I20070000090
Phone : (239) 262-2040
Fax Number : (239) 262-2180

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 30 AM 8:48

FILED

RECEIVED

07 JUL 30 AM 8:00

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

4327 ARNOLD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

just

Electronic Filing Menu

Corporate Filing Menu

Help

07/30/2007 12:25 FAX 2302618477

INTL IMMIGRATION SERVICE

003/003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4327 ARNOLD, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria C. Ferrao
(Name of Person)

Aaron A. Farmer, P.L.
(Firm/Company)

720 Fifth Avenue South, Suite 211
(Address)

Naples, FL 34102
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria C. Ferrao at (239) 262-2040
(Name of Person) (Area Code & Daytime Telephone Number)

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
07 JUL 30 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/30/2007 12:24 FAX 2392618477

INTL IMMIGRATION SERVICE

002/003

**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: 4327 ARNOLD, LLC
2. The mailing address of the limited liability company is : 3838 Tamiami Trail, N. Suite 402,
Naples, FL 34103

2/17/06L06000018105

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:

Fowler White Boggs Banker PA

Name

5811 PELICAN BAY BLVD., SUITE 600

Address

Naples, FL 34108

City, State and Zip

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

Aaron A. Farmer, P.L.

Name

720 Fifth Avenue South, Suite 211

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

Naples, FL 34102

FL

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)

David J. Stevens, Manager

(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

FILING FEE: \$25.00

INHS18 (8/05)

FILED
07 JUL 30 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA