

L06000072988

(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



100217373081

01/11/12--01010--017 **50.00

FILED
12 JAN 11 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 12 2012

1-7-12

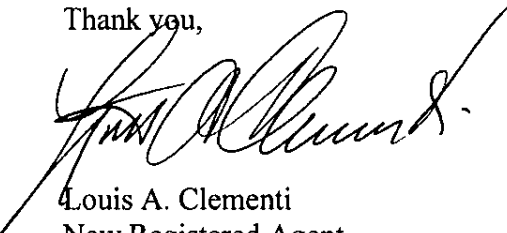
Building 101D, LLC
3066 Tamiami Tr. N. #020
Naples, FL 34103

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

Enclosed are the following:

- A. Member Resignation form
- B. Change of Registered Agent form
- C. Check # 5040 in the amount of \$50 to cover both changes

Thank you,



Louis A. Clementi
New Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUILDING 101 D, 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:

LOUIS A. CLEMENTI
Name of Person

BUILDING 101 D, LLC
Firm/Company

3066 TAMiami TR N #202
Address

NAPLES, FL 34103
City/State and Zip Code

LOUCLEMENTI@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS CLEMENTI at (714) 753-6124
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

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: BUILDING 1010, LLC
2. (a) Principal office address of limited liability company: 3066 TAMiami TR N #202

(Note: **MUST BE STREET ADDRESS**)

NAPLES, FL 34103

- (b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3066 TAMiami TR N #202
NAPLES, FL 34103

- 7/24/2006
3. Date of filing/registration in Florida

- LO6000072988
4. Document number

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

Registered Agent:

PETER RAPP

Registered Office Address:

9401 FOUNTAIN MEDICAL COURT
C/O ABSOLUTE PHYSICIAN THERAPY
NAPLES, FL 34110 US

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

NEW Registered Agent:

LOUIS A. CLEMENTI

NEW Registered Office Address:

3066 TAMiami TR N #202

(**MUST BE FLORIDA STREET ADDRESS**)

NAPLES, FL 34103

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.

Louis A. Clementi
Signature of a member or authorized representative of a member

Louis A. CLEMENTI
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.

Louis A. Clementi
Signature of Registered Agent

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

FILING FEE: \$25.00