

**L06000086255**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

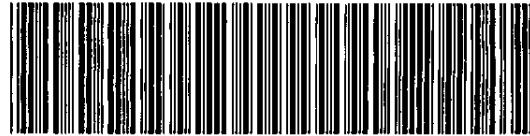
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 29 2011

EXAMINER



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November 23, 2011

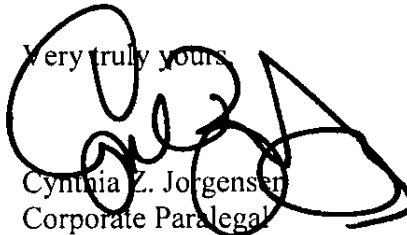
Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: WPG, LLC  
Statement of Change of Registered Office or Registered Agent

Dear Sir/Madam:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent for WPG, LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fee. Please return the evidence of filing to me.

If you have any questions, please contact me.

Very truly yours,  
  
Cynthia Z. Jorgensen  
Corporate Paralegal

CZJ:hs  
Enclosures  
QB/15163747

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WPG, 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:

CYNTHIA Z. JORGENSEN  
Name of Person

QUARLES & BRADY LLP  
Firm/Company

411 E. WISCONSIN AVENUE, SUITE 2040  
Address

MILWAUKEE, WI 53202  
City/State and Zip Code

bill@jpcnaples.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA JORGENSEN at ( 414 ) 277-5191  
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: WPG, LLC

2. (a) Principal office address of limited liability company: 375 SEABEE AVENUE

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

NAPLES, FL 34108

(b) Mailing address of limited liability company:

375 SEABEE AVENUE

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

NAPLES, FL 34108

8/31/2006

3. Date of filing/registration in Florida

L0600008625

4. Document number

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

Registered Agent:

NAPLES-LAWDOCK, INC

Registered Office Address:

1395 PANTHER LANE, STE 300  
NAPLES FL 34109 US

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

**NEW** Registered Agent:

WILLIAM V. GONNERING

**NEW** Registered Office Address:

C/O INVESTMENT PROPERTIES CORPORATION

**(MUST BE FLORIDA STREET ADDRESS)**

3838 TAMiami TRAIL NORTH, SUITE 402  
NAPLES, FL 34103-3586

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.

William V. Gonnering  
Signature of a member or authorized representative of a member

WILLIAM V. GONNERING, MEMBER

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.*

William V. Gonnering  
Signature of Registered Agent

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