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SECRETARY OF STATE



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: WIN WIN LAND DEVELO			ry Company)		
	(Name of	Liimed	Liaviiii	y Company)		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office C	hange a	and fee(s) are submitted	for filing.	
Please	return all correspondence concerning	g this ma	tter to t	he following:		
SMIT	H, LAWRENCE			_		
	(Name of Person)			-		
<u>WIN Y</u>	WIN LAND DEVELOPMENT, LI	LC				
	(Firm/Company)					
2813	SE 20TH AVE	,			2007 F SECR	
	(Address)					
CAPE	CORAL FL 33904				2007 FEB 12 AHII: 15 SECRETARY OF STATE TALLAHASSEE, FLORID	
	(City/State and Zip Code)		<u> </u>	-	AH II: I	
For fu	rther information concerning this mat	tter, pleas	se call:)81E 15	
SMIT	H, LAWRENCE	at (_23	39	չ 826-1685		
	(Name of Person)	((/	Area Code & Daytime T	elephone Nun	
	STREET/COURIER ADDRESS:		MAI	LING ADDRESS:		
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
	Tallahassee, Florida 32301		1 alla	nassee, Florida 52514		
	Enclosed is a check for the following	ing amou	ınt:			
	\$25 Filing Fee		\$55	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT BOTH FOR LIMITED LIABILITY COMPANY

•	DOINT ON DI		11111			
Pursuant to the provision liability company submagent, or both, in the St.	ions of sections 60 its the following st ate of Florida.	8.416 or 608.508, Florida l atement in order to change l	Statutes, the undersignea its registered office or re			
1. The name of the limited liability company is: WIN WIN LAND DEVELOPMENT, LLC						
2. The mailing address	of the limited liabil	lity company is : 2813 SE 201	'H AVE CAPE CORAL FL			
10/06/2006		L06000098	3110			
3. Date of filing/registration in Florida 4. Document nu		ent number				
5. The name of the regis Florida Department o	f State:	registered office address as	shown on the records of t			
	MINGER, WIL					
	5007 SW 11TH	Name				
	3007 011 11111	Address				
	mad no n					
	CAPE CORAL F	City, State and Zip	AS 60			
City, State and Zip 6. The name and address of the new registered agent and/or office: Erling D Hall						
Erling D Hall						
Name		AN OF AN				
	2813 SE 20TH AVE					
	Florida street ac	ddress (P.O. Box NOT accep	AM II: 15 OF STATE EE. FLORIDA table)			
	Cape Coral	FL 33904				
	C	City, State and Zip				
confirmed that after the and the business office of liability company, it is hof the members of the lor the operating agreement.	change or changes of the registered age ereby confirmed the imited liability coment of the limited liability.		ddress of the registered of the case of a Florida limite athorized by an affirmative			
(Signature of a member or auth	_	member)				
(Printed or typed name of signe	•					
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confir	ointment as registe ons of all statutes re and accept the oblig f this document is b m that the limited l	red agent and agree to act in elative to the proper and com cations of my position as regi eing filed to merely reflect a iability company has been no	this capacity. I further a plete performance of my stered agent as provided change in the registered a tified in writing of this ch			
(Signature of Registered Agent	<u></u>					

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