## LD4000102013

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #	<del>f</del> )
PICK-UP	☐ WAIT	MAIL
(B <sub>1</sub>	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		
		!

Office Use Only



600207925806

06/02/11--01022--006 \*\*95.00

H JUN-2 AH BOOL

D. BRUCE
JUN 0 3 2011
EXAMINER

## **COVER LETTER**

Division of Corporations		
SUBJECT: 581	1 Halifax, LLC	
	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
·		
Truman J. Costello		
Name of Person		
	TUN-2	
Costello, Royston & Wicker, LLP	Z 2	
Firm/Company	rm-≺	
	THE THE	
12670 New Brittany Blvd. #101		
Address		
	<b>&gt;</b>	
Fort Myers, FL 33907		
City/State and Zip Code		
tcostello@lawcrw.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Truman J. Costello at (	239 ) 939-2222	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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.

Name of the limited liability company:	5811 Halifax, LLC		
2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	5811 Halifax Avenue Fort Myers, FL 33912		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
10/19/2006	L06000102013		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Truman J. Costello, Esq.		
Registered Office Address:	12670 New Brittany Blvd:#101 Fort Myers, FL 33907		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address			
NEW Registered Agent:	David L. Sassers		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6543 Kestrel Circle Fort Myers ,FL 33966		
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			
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions.	agree to act in this capacity. I further agree to open and complete performance of my duties.		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	oper and complete performance of his differs, position as registered agent as provided for in every reflect a change in the registered office y has been notified in writing of this change.		

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

Signature of Registered Agent