## L07000018748

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CAPE Regal YACT	H CENTER  d 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 m	natter to the following:
PATRICIA Baldo (Name of Person)	
Cape Regal Macht Cer (Firm/Company)	HER LLC
924 Del Prado Blvd (Address)	O7 JU SECR TALLA
Cape CORal, FL 3399 (City/State and Zip Code)	ETAN ÉTAN ÉTAN ÉTAN ÉTAN ÉTAN ÉTAN ÉTAN É
For further information concerning this matter, ple	AN 7: 42
PATRICIA (TISha) Baldo at (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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



July 25, 2007

PATRICIA BALDO 924 DEL PRADO BLVD. CAPE CORAL, FL 33990

SUBJECT: CAPE REGAL YACHT CENTER, LLC

Ref. Number: L07000018748

We have received your document for CAPE REGAL YACHT CENTER, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person may serve as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Document Specialist

Letter Number: 707A00045902

## 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: 2. The mailing address of the limited liability company is: of filing/registration in Florida Document number The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: ddress State and Zir 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) 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) (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 auties, and cam 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 endaress, I hereby confirm that the limited liability company 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)