

Division of Corporations

# L07000047466

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE FARR LAW FIRM  
Account Number : 103654001666  
Phone : (941) 639-1158  
Fax Number : (941) 639-0028

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Cheryl@Camrealtyswfl.com

LLC REGISTERED AGENT CHANGE  
MOONLOFT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED  
13 NOV -8 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2013 NOV -8 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOONLOFT, 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:

CHERYL MAYMON

Name of Person

CAM REALTY OF SW FLORIDA INC

Firm/Company

P.O. BOX 3830

Address

NORTH FORT MYERS, FL 33918

City/State and Zip Code

CHERYL@CAMREALTYSWFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL MAYMON

Name of Person

at ( 239 ) 731-7253 X1

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

ENHS18 (5/08)

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**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: MOONLOFT, LLC

2. (a) Principal office address of limited liability company: 1888-A NORTH TAMiami TRAIL  
NORTH FORT MYERS, FL 33903  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: P.O. BOX 3830  
NORTH FORT MYERS, FL 33918  
(Note: **MAY BE POST OFFICE BOX**)

06/03/2007  
3. Date of filing/registration in Florida

L07000047468  
4. Document number

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

Registered Agent: MARTIN SCHULZ

Registered Office Address: 713 W. RETTA ESPLANADE  
PUNTA GORDA, FL 33960

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

NEW Registered Agent: CHERYL MAYMON


NEW Registered Office Address: 1888-A NORTH TAMiami TRAIL  
(MUST BE FLORIDA STREET ADDRESS) NORTH FORT MYERS, FL 33903

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

Franz Hart  
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.

  
Signature of Registered Agent

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

DNHS18 (05/08)

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