## 07000059282

(Requestor's Name)						
(Ixequesions (Marile)						
(Address)						
(1887-555)						
(Address)						
(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
,						

Office Use Only



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T. CLINE

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**EXAMINER** 

## **COVER LETTER**

Division of Corp	orations					
SUBJECT:	Prick	klv Pai	r Enterprise	es LLC		
50 <b>b</b> 3EC1			d Liability Co		<del></del>	
Dear Sir or Madam:						
Dear Sir of Madain.						
The enclosed Registered	Agent/Registered	Office	Change and fe	e(s) are submitte	ed for filing.	
Please return all correspo	ondence concerning	g this m	atter to the fol	llowing:		
Katl	nleen Fleming					
	me of Person					
	air Enterprises LL	_C				
Fir	m/Company					2113
5737	Mango Circle					
•	Address				Sae	22
Nap	les, FL 34110					M : 3
City/St	ate and Zip Code				STATE ALIVERS	 د
info@	i)nricklynair us					
E-mail address: (to be used	for future annual report	notification	on)			
For further information of	oncerning this mat	tter, plea	ase call:			
Martha E	libby	at (	239_)	293-4	518	
Name of Pers	ion		Area Coo	le & Daytime Teleph	one Number	
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle		Registration of P.O. Box 6	Corporations		
Enclosed is a cho	eck for the followi	ing amo	unt:			
\$25 Filing Fee			\$55 Filin	g Fee & Certifie	ed Copy	

TO: Registration Section

## 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.	Nar	ne of the limited liability company: P	Prickly Pair Enterprises LLC			
2.	(a)	Principal office address of limited liability compan	y: 1905 Imperial Go	If Course Blvd		
		(Note: MUST BE STREET ADDRESS)	Naples, FL 34110			
	(b)	Mailing address of limited liability company:	P.O. Box 112947			
		(Note: MAY BE POST OFFICE BOX)	Naples, FL 34108			
		06/05/2007	L0700005928	2		
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida Depr			
		Registered Agent:	Martha Bibby	2012		
		Registered Office Address:	1905 Imperial Golf Course			
	:		Naples, FL 34110			
• • •	. , (b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		9 9 1		
٠.,	(μ),	Enter name of INEW Registered Agent and/or INE	W. Register en Office auditess.			
		NEW Registered Agent:	Kathleen Fleming	<u> </u>		
NEW Registered Office Address:		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5737 Mango Circle			
		The state of the s	Naples	,FL <u>34110</u>		
cor and lial of to	nfirm I the bility the i	imited liability company is not organized under the ned that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(smembers of the limited liability company or as other operating agreement of the limited liability company	lorida street address of the regitical. Or, in the case of a Florid was/were authorized by an afroise provided in the articles of	istered office da limited firmative vote		
		Martha Bibby				
		r typed name of signee	<del>-</del>			
I h con and Ch add	erel nply 11 a apte ires:	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prim familiar with and accept the obligations of my part 608, F.S. Or, if this document is being filed to me s, I hereby confirm that the limited liability compan	igree to act in this capacity. I j oper and complete performanc sition as registered agent as pi rely reflect a change in the reg y has been notified in writing o	further agree to e of my duties, rovided for in istered office f this change.		
Sig	nutur	e of Registered Agent				

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