## L01000073258

| (Requestor's Name)                      |  |  |  |
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|   |  |  |  |
| (Address)                               |  |  |  |
|   |  |  |  |
| (Address)                               |  |  |  |
|   |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| •                                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
|   |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
|   |  |  |  |

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L. SELLERS

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**EXAMINER** 

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SECRETARY OF STATE

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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |  |
|---|--|--|--|
| SUBJECT: Trace America, 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:   |  |  |  |
| Phillip G. Avery (Name of Person)  Traca Aboverica 110  |  |  |  |
| Trace America, LLC (Firm/Company)   |  |  |  |
| Po Box 2267 (Address)   |  |  |  |
| Bonita Springs, FL 34133 (City/State and Zip Code)  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |
| Phillip Avery at (239) 949-5561 x 331 (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 & 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.

|              | The name of the limited liability company is:  | ce America, LLC  |  |
|--------------|--|--|--|
| •            | The mailing address of the limited liability company is:   |  |  |
|              | Bonita Springs, FL 34133   |  |  |
|              | July, 16, 2007   | L07000073258   |  |
|              | Date of filing/registration in Florida   | 4. Document number   |  |
|              | The name of the registered agent and the registered office   | e address as shown on the records of the   |  |
|              | Florida Department of State:   | Of ox ENIC:  |  |
|              | James R. Nici, Esq.  | Old delay  |  |
|              | Name<br>1185 mmokalee<br>Address<br>Naples, FL 34<br>City, State and 2   | Rd Swk 110   |  |
|              | Naples FL 34   | 110  |  |
| ·            | City, State and 2  | ip   |  |
|              | 6. The name and address of the new registered agent and/or office:   |  |  |
|              | Phillip G. Avery 90 Trace America, LLC<br>27299 Riverview Center Blvd #103   |  |  |
|              | 27299 Riverview Center Rud #103  |  |  |
|              | Florida street address (P.O. Box NOT acceptable)   |  |  |
|              | Bonita Socience Bl 3   | 4134   |  |
|              | Bonita Springs, FL 3<br>City, State and Zip  | p  |  |
| ;            | the limited liability company is not organized under the la<br>nfirmed that after the change or changes are made, the Flo<br>d the business office of the registered agent will be identic<br>bility company, it is hereby confirmed that the change(s)<br>the members of the limited liability company or as other<br>the operating agreement of the limited liability company. | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization   |  |
|              | gnature of a member or authorized representative of a member)  |  |  |
| -            | KAREN DIANE AVERLY   |  |  |
|              | rinted or typed name of signee)  bereaty accept the appointment torad agent and ag   | reas to got in this canasity. I further gares to   |  |
| •            | hereby accept the appointment tered agent and ag<br>mply with the provisions of all statutes relative to the proj<br>d I am familiar with and accept the obligations of my posi<br>apter 608, F.S. Or, if this document is being filed to mer<br>dress, I hereby confirm that the limited liability company  | ree to dit in this capacity. I further agree to<br>ber and complete performance of my duties,<br>ition as registered agent as provided for in<br>ely reflect a change in the registered office<br>has been notified in writing of this change. |  |
| ٠.           | gnature of Registered Agent)   | 2008<br>SEC<br>TALL  |  |
|              | Division of Corporations, P.O. Box 632 FILING FEE: \$2   | 7, Tallahassee, FL 32314≥₹ ☐ ☐   |  |
| <u>ن</u> ۽ پ | FILING FEE: \$25   | 5.00 B 29  |  |
|              | HS18 (8/05)  | ED T   |  |