

LO7000116866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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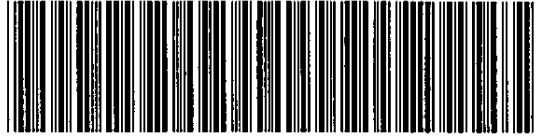
(Business Entity Name)

(Document Number)

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MICHAEL L. KRAUS
ATTORNEY AT LAW
400 FIFTH AVENUE SOUTH
SUITE 200
NAPLES, FLORIDA 34102

239.262.1979 OFFICE
239.262.4774 FACSIMILE
mkraus@krauslegal.com

December 29, 2008

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Change of Registered Agent for Skyway I-IV, LLCs

Dear Sir or Madam:

Enclosed please one (1) original of Statement of Change of registered agent for each of the following LLCs and a total filing fee of \$125.00:

Skyway I, LLC
Skyway II, LLC
Skyway III, LLC
Skyway IV, LLC
Skyway V, LLC

Please file the enclosed document accordingly. Please contact me at 239-262-1979 with any questions regarding the above.

Sincerely,



Michael Kraus

CC: Thomas Esch

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyway I, L.L.C.
(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:

Michael Kraus
(Name of Person)

Michael L. Kraus, P.A.
(Firm/Company)

400 Fifth Avenue South, Suite 200
(Address)

Naples, FL 34102
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Kraus at (239) 262-1979
(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 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.

1. Name of the limited liability company: Skyway I, L.L.C.

2. (a) Principal office address of limited liability company: 140 E. Hilo St.
(Note: **MUST BE STREET ADDRESS**) Naples, FL 34113

(b) Mailing address of limited liability company: 140 E. Hilo St.
(Note: **MAY BE POST OFFICE BOX**) Naples, FL 34113

11/20/2007

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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:

Katherine A Schweikhardt

Registered Office Address:

900 Sixth Avenue South

Suite 203

Naples, FL 34012

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

NEW Registered Agent:

Michael L. Kraus, P.A.

NEW Registered Office Address:

400 Fifth Avenue South

(**MUST BE FLORIDA STREET ADDRESS**)

Suite 200

Naples, FL 34102

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.

Thomas Esch
(Signature of a member or authorized representative of a member)

Thomas Esch

(Printed or typed name of signer)

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.

Michael L. Kraus
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00