

LD8000005603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

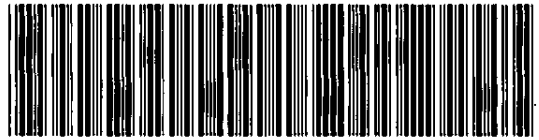
Special Instructions to Filing Officer:

**L. SELLERS**

**MAY 12 2009**

**EXAMINER**

Office Use Only



100155656731

05/11/09--01006--025 \*\*25.00

**FILED**  
**09 MAY 11 PM 4:18**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COSCAN CONSTRUCTION PARTNERS, 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:

DIEDRE C. NEAL

Name of Person

COSCAN CONSTRUCTION PARTNERS, LLC

Firm/Company

72 W PLAZA GRANADA

Address

ISLAMORADA, FL 33036-4119

City/State and Zip Code

ur2good@bellsouth.net

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

For further information concerning this matter, please call:

MICHAEL NEAL

Name of Person

at ( 954 )

684-7860

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: COSCAN CONSTRUCTION PARTNERS, LLC

2. (a) Principal office address of limited liability company: 72 W PLAZA GRANADA

☐ (Note: **MUST BE STREET ADDRESS**) ISLAMORADA, FL 33036-4119

(b) Mailing address of limited liability company: 72 W PLAZA GRANADA

☐ (Note: **MAY BE POST OFFICE BOX**) ISLAMORADA, FL 33036-4119

3. Date of filing/registration in Florida 01/16/2008 4. Document number L08000005603

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

Registered Agent: REGISTERED AGENTS OF FLORIDA

Registered Office Address: 100 S.E. 2ND STREET, SUITE 2900

MIAMI FL 33131 US

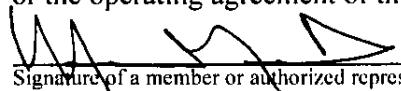
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: DEIDRE C NEAL

**NEW** Registered Office Address: 72 W PLAZA GRANADA

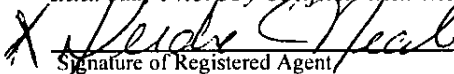
**(MUST BE FLORIDA STREET ADDRESS)** ISLAMORADA, FL 33036-4119

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

Michael Neal  
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

FILED  
09 MAY 11 11:18 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILING FEE: \$25.00