## 0800054491

(Requestor's Name) -			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filling Officer.			
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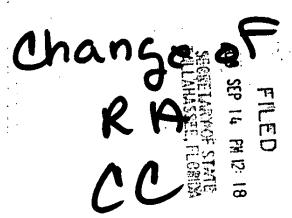
Office Use Only



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L08-54491

09/14/09--01023--006 \*\*55.00



N. CAUSSEAUX

SEP 1 5 2009

**EXAMINER** 

## COVER LETTER

_	ation Section n of Corporations		
SUBJECT: _	Lee Coun	ty Asset Management LLC	
	Name of L	limited Liability Company	
Dear Sir or Ma	dam:		
The enclosed F	Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return a	Il correspondence concerning	this matter to the following:	
	Susan Page Name of Person		
	Name of Person		
Lee	County Asset Management	LLC	
	Firm/Company		
	1411 SE 47th Street Suite 1	1	
	Address		
	Cape Coral Florida 33904		
City/State and Zip Code			
F-mail addres	leecamllc@gmail.com ss: (to be used for future annual report no	otification	
For further info	ormation concerning this matte	er, please call:	
		•	
	Susan Page	_ at (239)994-4475	
	Name of Person	Area Code & Daytime Telephone Number	
STREE	T/COURIER ADDRESS:	MAILING ADDRESS:	
	tion Section	Registration Section	
	n of Corporations	Division of Corporations	
	Building	P.O. Box 6327	
	secutive Center Circle see, Florida 32301	Tallahassee, Florida 32314	
i alialias	see, Florida 52501		
Enclose	ed is a check for the followin	g amount:	
\$25	Filing Fee	\$55 Filing Fee & Certified Copy	

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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:L	ee County Asset Management LLC			
2. (a) Principal office address of limited liability company:				
(Note: MUST BE STREET ADDRESS)	1411 SE 47th Street Suite Cape Coral Florida 33904 43 73			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	1411 SE 47th Street Suite 12 Cape Coral Florida 33904			
06/02/2008	L08000054491			
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:	Kevin Page			
Registered Office Address:	1411 SE 47th Street Suite 1 Cape Coral Florida 33904			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent:</u> <u>Susan Page</u>				
NEW Registered Office Address:				
<u>(MÜST BE FLORIDA STREET ADDRESS</u>	<u>,</u> FL			
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				
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