

L08000078821

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 NOV - 4 PM 4: 22

N. Culligan NOV - 4 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2010

HEATHER KEEL  
2335 TAMIAMI TRAIL N.  
STE. 402  
NAPLES, FL 34103

SUBJECT: DEL RAY PROPERTIES OF NAPLES, LLC  
Ref. Number: L08000078821

We have received your document for DEL RAY PROPERTIES OF NAPLES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 810A00025202

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Del Ray Properties of Naples, 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:

James Farese

Name of Person

Cambridge Management

Firm/Company

2335 Tamiami Tr. N, Ste. 402

Address

Naples, FL 34103

City/State and Zip Code

heatherk@cambridgeswfl.com

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

For further information concerning this matter, please call:

Heather Keel

Name of Person

at (239 ) 249-7000

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: Del Ray Properties of Naples LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

2335 Tamiami Tr. N Ste. 402  
Naples FL 34103

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

08/19/2008

3. Date of filing/registration in Florida

4. Document number

LO8000078821

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

Registered Agent:

Farese, Lawrence Esq

Registered Office Address:

711 5th Ave S. Ste. 201  
Naples, FL 34102

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

**NEW Registered Agent:** CAMBRIDGE MANAGEMENT OF SOUTHWEST FLORIDA, INC.

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

2335 Tamiami Tr. N  
Ste. 402  
Naples FL 34103

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.

James Meade  
Signature of a member or authorized representative of a member

James Meade  
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.

James Meade  
Signature of Registered Agent

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

FILING FEE: \$25.00