

7
LO8000104433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

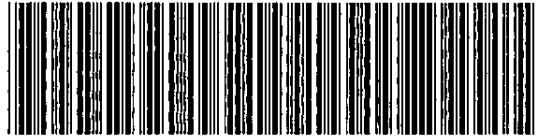
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

SEP 8 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E5 Development
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:

Nicholas Giovelli

Name of Person

E5 Development

Firm/Company

P.O. Box 160355

Address

Altamonte Springs, FL 32716-0355

City/State and Zip Code

nickg@e5dev.com

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

For further information concerning this matter, please call:

Nicholas Giovelli

Name of Person

at (407)

756 2468

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2009

NICHOLAS GIOVELLI
P.O. BOX 160355
ALTAMONTE SPRINGS, FL 32716-0355

SUBJECT: E5 DEVELOPMENT LLC
Ref. Number: L08000104433

We have received your document for E5 DEVELOPMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 609A00028740

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: E5 Development

2. (a) Principal office address of limited liability company: 210 Jasmine Lane

☒ (Note: **MUST BE STREET ADDRESS**) Longwood
Altamonte Springs, FL 32779

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**) E5 Development

P.O. Box 160355
Altamonte Springs, FL 32716-0355
108000104433

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:

Nicholas Gioielli

Registered Office Address:

5360 Sun Valley Village #009
Altamonte Springs, FL 32716

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

NEW Registered Agent:

Nicholas Gioielli

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

210 Jasmine Lane

Longwood, FL 32779

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.

Nicholas Gioielli
Signature of a member or authorized representative of a member

Nicholas Gioielli

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Nicholas Gioielli
Signature of Registered Agent

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

FILING FEE: \$25.00

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TALLAHASSEE, FL
SECRETARY OF STATE