## L69000023743

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALLAHASSEE, FLOR

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## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	ate:	10/31/2022	- a: 15W
		Acc#I20160000072	4. ( )
Name:	Naples Bu	usiness Suites LLC	
Document #:			
Order #:	14612181		
Certified Copy of Arts & Amend:  Plain Copy:  Certificate of Good  Standing:  Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certif Plain: COGS		
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amo	unt: \$ 55.00	
		( Thank you!)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability company: Naples Busine	ss Suites	, LLC			
2. (a)		(b	)			
. ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	, N	dailing address of lim	ited liability company: OST OFFICE BOX)	
	999 VANDERBILT BEACH ROAD SUITE 200	_	6600 Fra	nce Ave S. Suite	550	
	Naples FL 34108	_	Minneapollis MN 55435			
	March 11, 2009		L09000023743			
3.	Date of filing/registration in Florida	4.		Document number	;r	
5. (a	ALDRIDGE, PETER B					
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	999 VANDERBILT BEACH ROAD SUITE 200				20	
	NAPLES , FL	3410	8	;; [	2022 OCT 3	
(b)	C T Corporation System			;	<u>ω</u>	
(0)	Enter name of NEW Registered Agent and/or NEW Registered		- P 15			
					FH 4: 29 PH 4: 29	
	NEW Registered Office Address:				29 VIE	
	1200 South Pine Island Road					
	Plantation , FL	33324				
agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member	the regist bility con f the limi limited li	ered office npany, it is ted liability ability compose pseph S. La	and the business of hereby confirmed company or as of pany.	office of the registered d that the change(s) therwise provided in	
	•			••	-	
provis the ob- to mer notifie	by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  C T Corporation System	performa I for in C ereby co	nce of my d hapter 605, nfirm that th	city. I further agi luties, and I am fa. F.S. Or, if this d he limited liability stant Secretary	ee to comply with the miliar with and accept ocument is being filed company has been	
By:	Sin All		,,	=		

Signature of Registered Agent



Division of Corporations

November 1, 2022

**CT CORP** 

CORRECTED

Please Allow For Same File Date

SUBJECT: NAPLES BUSINESS SUITES, LLC

Ref. Number: L09000023743

We have received your document for NAPLES BUSINESS SUITES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOUR ENTITY IS ADMINISTRATIVE DISSOLVED FOR NOT PAYING THE ANNUAL REPORT. YOU NEED TO PAY YOUR ANNUAL REPORT, BEFORE THE AMENDMENT CAN BE FILED.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 822A00024444

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