## L09000113076

(Requestor's Name) ·							
, (Address)							
(Address)							
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PICK-UP WAIT MAIL							
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(Document Number)							
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11 OCT 27 AH & LT

D. BRUCE
OCT 28 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJ	ECT: Clean	water	Island	Retr	eat, l	LLC			
	Name of	Limite	d Liabi	lity Co	mpany	1			
Dear S	Sir or Madam:								
The e	nclosed Registered Agent/Registered	Office	Change	and fe	ee(s) ar	re submitted for	r filing.		
Please	e return all correspondence concernin	g this n	natter to	the fo	llowin	g:			
	Tim Swett								
	Name of Person	<del></del>	<del></del>	<del></del>					
	Clearwater Island Retreat, I	<u>_LC</u>		_					
<del> </del>	8362 Golden Prairie Dr			<del></del>			SECKE	11 OC	·
				,	•	·	TARY	OCT 27	
	Tampa, FL 33647						EE Y	_	. !
	City/State and Zip Code			_			Y OF STATE EE, FLORIDA	至617	} }
							10.7	<b>3</b>	
	islandretreat1@verizon.ne	et					35	17	
E-	mail address: (to be used for future annual report	notificati	ion)	<del></del>			Þ	•	
For fu	rther information concerning this ma	tter, ple	ase cal	ł:					
	Tim Swett	at (	813	)		376-5230			
	Name of Person			Area Co	de & Day	ytime Telephone Nu	mber		
	STREET/COURIER ADDRESS:		MA	MLING	ADD	RESS:			
Registration Section Division of Corporations Clifton Building				gistratio					
			Division of Corporations						
			P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301		Tal	lahasse	e, Flori	da 32314			
	Enclosed is a check for the follow	ng am	ount:			·			
	\$25 Filing Fee		<b>S</b> \$	55 Filin	g Fee	& Certified Cop	ру		

INHS18 (5/08)

## 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:	Clearwater Island	Retreat, LLC							
2. (a) Principal office address of limited liability con	mpany: 836	32 Golden Prairie Dr							
(Note: MUST BE STREET ADDRESS)	Tampa, FL3364	7							
(b) Mailing address of limited liability company:	8362 Golden Prairie Dr								
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 3364	7							
11/24/09	L09(	000113076							
3. Date of filing/registration in Florida	4. Document numb	per							
5. (a) Registered Agent and Registered Office show	a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
Registered Agent:	<b>United States Co</b>	prporation Agents, Inc							
Registered Office Address:		13302 Winding Oaks Blvd							
	A-100 Tampa, FL 3361	<i>──</i>							
	<u> </u>	T & Pr							
(b) Enter name of NEW Registered Agent and/or	NEW Registered Offic								
NEW Registered Agent:	Tim Swett	THE							
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8362 Golden Prairie Dr								
	Tampa	,FL <u>33647</u>							
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address identical. Or, in the case are(s) was/were authorize	of the registered office of a Florida limited ed by an affirmative vote							
Timothy W. Swett									
Printed or typed name of signee  I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comply signature of Registered Agent	and agree to act in this co the proper and complete p ny position as registered o merely reflect a chang npany has been notified i	apacity. I further agree to verformance of my duties, agent as provided for in e in the registered office n writing of this change.							

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE; \$25,00