## L10000009080

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

Office Use Only



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10 APR -6 PM 2: 12
SECRETARY OF STATE

J. BRYAN

APR - 72009

**EXAMINER** 

## **COVER LETTER**

TO:		tion Section of Corporations						
SUBJ	ECT:		Marile	ee Realty	LLC			
5000	<u></u>	Name o		d Liability	<del></del>			_
Dear S	Sir or Mac	lam:						
The en	nclosed Re	egistered Agent/Registere	d Office	Change and	d fee(s) are	submitted fo	or filing.	
Please	return all	correspondence concern	ing this n	natter to the	following:			
			1					
<del></del>		Leon J Frank Name of Person						
		Marilan Bankul I C						
		Marilee Realty LLC Firm/Company	<del></del>					
		4200 4nt Ava NIW					TALLA SECRI	5 PM 2: 12
		4290 1st Ave NW Address					TAN A	֓֞֝֝֞֝֝֞֝֝֓֓֓֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֡ ֪֓֞֞֞֞֞֞֞֞֓֓֞֞֞֓֓֓֞֓֓֓֞֓֓֓֞֡֓
							SERV	n 1
		Naples,FL 34119					OF STATE	ř.
	<del></del>	City/State and Zip Code					LOA STA	? 
							E TE	~
	mail address	LeeFrank@comcast.ne (to be used for future annual repo	et notificat	ion			-	
		rmation concerning this m						
		Mary Frank	at (_	239 )		352-0961		_
	N	lame of Person		Area	a Code & Dayti	ime Telephone N	umber	_
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section							
Division of Corporations Division of Corporations					ations			
•				hassee, Florida 32314				
		ee, Florida 32301			,			
	Enclose	d is a check for the follo	wing am	ount:				
	<b>√</b> \$25 F	iling Fee		\$55 F	iling Fee &	Certified Co	ору	

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.

Name of the limited liability company:	MARILEE REALTY LLC					
2. (a) Principal office address of limited liability company	y: 4290 1st Ave NW					
(Note: MUST BE STREET ADDRESS)	Naples,FL US 34119					
(b) Mailing address of limited liability company:	MARILEE REALTY LLC					
(Note: MAY BE POST OFFICE BOX)	4290 1st Ave NW Naples,FL. US 34119					
January 26/2010	L1000009080					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	MARY H. FRANK					
Registered Office Address:	4290 1st Ave NW Naples,FL. 34119					
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address?						
<u><b>NEW</b></u> Registered Agent:	LEON J.FRANK					
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4290 1st Ave NW					
	Naples ,FL 34119					
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 an ember or authorized representative of a member						
LEON J. FRANK Printed or typed name of signee	_					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in wrely reflect a change in the registered office y has been notified in writing of this change.					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00