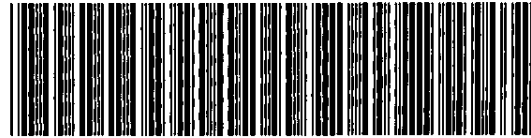


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Writer's Direct Dial: 414.277.5191
E-Mail: cynthia.jorgensen@quarles.com

December 29, 2011

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: 620 106th Avenue, LLC, 692 94th Avenue, LLC, 679 94th Avenue, LLC and
613 109th Avenue, LLC
Statements of Change of Registered Office or Registered Agent

Dear Sir/Madam:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent for each of the following entities:

1. 620 106th Avenue, LLC;
2. 692 94th Avenue, LLC;
3. 679 94th Avenue, LLC; and
4. 613 109th Avenue, LLC.

Also enclosed is a check in the amount of \$100.00 to cover the combined filing fees. Please return the evidence of filing to me.

If you have any questions, please contact me.

Very truly yours,

Cynthia Z. Jorgensen
Corporate Paralegal

CZJ:hs
Enclosures
QB/15489811
090004.04529

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 692 94TH AVENUE, 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:

CYNTHIA Z. JORGENSEN
Name of Person

QUARLES & BRADY LLP
Firm/Company

411 E. WISCONSIN AVENUE, SUITE 2040
Address

MILWAUKEE, WI 53202
City/State and Zip Code

barb@kennedydetails.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA JORGENSEN at (414) 277-5191
Name of Person 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

12 JAN -3 PM 5:17
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: 692 94TH AVENUE, LLC

2. (a) Principal office address of limited liability company: 41 ASPEN OAK DR.

(Note: **MUST BE STREET ADDRESS**) ASPEN CO 81611

(b) Mailing address of limited liability company: PO BOX 771086

(Note: **MAY BE POST OFFICE BOX**) NAPLES FL 34107

4/29/2010
3. Date of filing/registration in Florida

L10000046065
4. Document number

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

Registered Agent: NAPLES-LAWDOCK, INC.

Registered Office Address: 1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109

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

NEW Registered Agent: BARBARA KENNEDY

NEW Registered Office Address: 7702 PEBBLE CREEK CIRCLE, #303
(MUST BE FLORIDA STREET ADDRESS) NAPLES, FL 34108

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.

Charles Kennedy
Signature of a member or authorized representative of a member

CHARLES KENNEDY

Printed or typed name of signee

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.

Barbara Kennedy
Signature of Registered Agent

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

FILING FEE: \$25.00

JAN - 9 PM 5: 1
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS