

L10000094976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

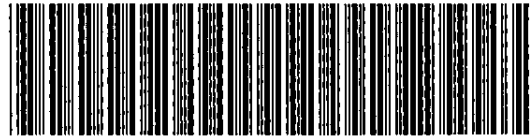
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 OCT 15 AM 10:05

C. LEWIS
OCT 16 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2012

JOHN T. CORSTEN / CAPITAL IDEAS INVESTMENTS, LLC
28412 ALTESSA WAY UNIT 104
BONITA SPRINGS, FL 34135

SUBJECT: CAPITAL IDEAS INVESTMENTS, L.L.C.
Ref. Number: L10000094976

We have received your document for CAPITAL IDEAS INVESTMENTS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00024015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL IDEAS INVESTMENTS, 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:

JOHN T. CORSTEN
Name of Person

CAPITAL IDEAS INVESTMENTS, LLC
Firm/Company

23165 COCONUT SHORES DR.
Address

BONITA SPRINGS, FL. 34134
City/State and Zip Code

JACKSELLS GOLF@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN T. CORSTEN at (239) 992-9714
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

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: CAPITAL IDEAS INVESTMENTS, LLC
2. (a) Principal office address of limited liability company: 23165 COCONUT SHORES DR.
BONITA SPRINGS, FL. 34134
(Note: MUST BE STREET ADDRESS)

- (b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

- OCT. 11, 2012
3. Date of filing/registration in Florida

- L10000094976
4. Document number

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

Registered Agent:

JOHN T. CORSTEN

Registered Office Address:

28412 ALTESSA WAY
UNIT 104
BONITA SPRINGS, FL 34135 US

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

NEW Registered Agent:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

23165 COCONUT SHORES DR.
BONITA SPRINGS
FL 34134

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.

John T. Corsten
Signature of a member or authorized representative of a member

JOHN T. CORSTEN
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.

John T. Corsten
Signature of Registered Agent

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