

DOCUMENT# L10000126678

**Entity Name:** COASTAL APARTMENTS SWFL LLC

**New Principal Place of Business:****Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

**FBI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DONNER, RICHARD  
Address: C/O 6309 CORPORATE CT. SUITE 115  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONNER

MGR

02/08/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date