## #1 11000012228

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cil	ty/State/Zip/Phone	#)	
. PICK-UP	WAIT .	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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## **COVER LETTER**

Division of Corporations	
<del></del>	Capri Manor LLC
Name of Li	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Kevin M. Cahill	
Name of Person	
Capri Manor LLC	
Firm/Company	
134 116th Ave #2	
Address	
Treasure Island, FL 33706	
City/State and Zip Code	
kevincahillgroupllc@gmail.cor E-mail address: (to be used for future annual report no	n tification)
For further information concerning this matter	r, please call:
Kevin M. Cahill	at ( 813 ) 830-8008
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
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.

Name of the limited liability company:	Capri Manor LLC		
2. (a) Principal office address of limited liability company	: 134 116th Ave #2		
(Note: MUST BE STREET ADDRESS)	Treasure Island, FL 33706		
(b) Mailing address of limited liability company:	134 116th Ave #2		
(Note: MAY BE POST OFFICE BOX)	Treasure Island, FL 33706		
1/31/2011	L11000012228		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:		
Registered Agent:	Kevin M. Cahill		
Registered Office Address:	263 Corey Ave St. Pete Beach, FL 33706		
NEW Registered Agent:  NEW Registered Office Address:	134 116th Ave #2		
(MUST BE FLORIDA STREET ADDRESS)			
	Treasure Island ,FL33706		
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 a member of authorized representative of a member			
Kevin M. Cahill  Printed or typed name of signee	887 6 F		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the prov and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. It is the sagree to per and complete performant of my duties, ition as registered agent as provided for in ely reflect a change in the resistered office has been notified in writing of this change.		