

L11000071121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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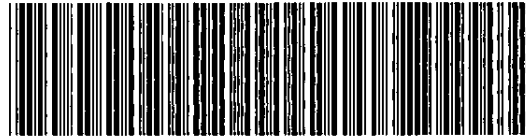
(Business Entity Name)

(Document Number)

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11 JUL 28 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 29 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPE CORAL CLASSIC CAR C.C.C.C 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:

JEAN LUC DELHAYE

Name of Person

CAPE CORAL CLASSIC CAR C.C.C.C LLC

Firm/Company

1769 CONCORDIA LAKE CIRCLE UNIT 3208

Address

CAPE CORAL FL33909 US

City/State and Zip Code

LAB3@SKYNET.BE

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT EVERAERT

Name of Person

at ( 954 )

4158377

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

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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: CAPE CORAL CLASSIC CAR C.C.C.C LLC
2. (a) Principal office address of limited liability company: 1769 CONCORDIA LAKE CIRCLE

**(Note: MUST BE STREET ADDRESS)**

UNIT # 3208  
CAPE CORAL FL 33909 CAPE CORAL

- (b) Mailing address of limited liability company: 1769 CONCORDIA LAKE CIRCLE

**(Note: MAY BE POST OFFICE BOX)**

UNIT # 3208  
CAPE CORAL FL 33909

08/15/2011

L11000071121

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

DELHAYE JEAN LUC

Registered Office Address:

1760 CONCORDIA LAKE CIRCLE#3208  
CAPE CORAL FL 33909

- (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)**

1769 CONCORDIA LAKE CIRCLE#3208

CAPE CORAL, FL 33909

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 or authorized representative of a member

JEAN LUC DELHAYE

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.*

Signature of Registered Agent

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

**FILING FEE: \$25.00**