

L11000081251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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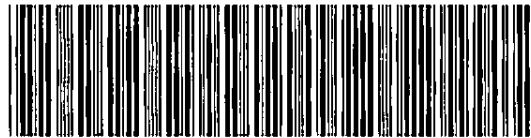
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O. SIMMONS

JUL 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

ERIC VASQUEZ, ESQ
4001 TAMIAMI TRL N
STE 250
NAPLES, FL 34103

SUBJECT: 2950 HIBISCUS CENTER, LLC
Ref. Number: L11000081851

We have received your document for 2950 HIBISCUS CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 517A00014216

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2017 JUL 25 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2950 Hibiscus Center, 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:

Eric J. Vasquez, Esquire

Name of Person

Bond, Schoeneck & King, PLLC

Firm/Company

4001 Tamiami Trail North, Suite 250

Address

Naples, Florida 34103

City/State and Zip Code

knettles@bsk.com

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

For further information concerning this matter, please call:

Karen Nettles

at (239) 659-3852

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 605.0114 or 605.0116, 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: 2950 Hibiscus Center, LLC

2. (a) 2950 Hibiscus Center, LLC (b) 2950 Hibiscus Center, LLC

Principal office address of limited liability company:

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

9850 White Sands

Bonita Springs, Florida 34135

Mailing address of limited liability company:

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

9850 White Sands

Bonita Springs, Florida 34135

July 15, 2011

L11000081851

3. Date of filing/registration in Florida

4. Document number

5. (a) Amy L. McGarry, Esquire

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3107 SW @0th Avenue

Cape Coral, FL 33914

(h) Eric J. Vasquez, Esquire

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

Bond, Schoeneck & King, PLLC

NEW Registered Office Address:

4001 Tamiami Trail North, Suite 250

Naples, FL 34103

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

Richard Manfredi

Printed or typed name of signer

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 605, 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

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17 JUL 25 PM 4:05
DIVISION OF CORPORATIONS