

LIZ 0000022778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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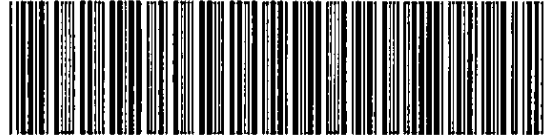
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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V. Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 16205 CAPTIVA DRIVE 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:

Jason Maughan

Name of Person

Maughan Himschoot & Adams Law Group

Firm/Company

15750 New Hampshire Court, Suite A

Address

Fort Myers, FL 33957

City/State and Zip Code

colm@taracap.com

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

For further information concerning this matter, please call:

Jason Maughan

at (239) 472-2424

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: 16205 CAPTIVA DRIVE LLC

2. (a) 16205 Captiva Drive Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)
Captiva, Florida 33924

(b) P O Box 207 Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)
Captiva, Florida 33924

3. 02/15/2012 Date of filing/registration in Florida

4. L12000022778 Document number

5. (a) Jason Maughan
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1101 Periwinkle Way Ste 103

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

Sanibel, FL 33957

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

15750 New Hampshire Court, Ste A

NEW Registered Office Address:

Fort Myers, FL 33908

20 AUG 14 AM 11:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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]
Signature of a member or authorized representative of a member

Colm Lanigan

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 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]
Signature of Registered Agent

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