

#L 13000007160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

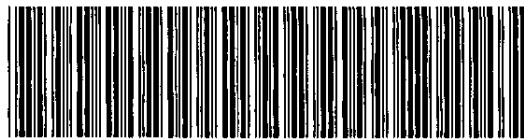
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG 26 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

K. SALY
EXAMINER
AUG 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sweet Spot of South Cape LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael Levy
(Contact Person)

The Sweet Spot of South Cape LLC
(Firm/Company)

520 Cape Coral Pkwy E
(Address)

Cape Coral, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Levy at (239) 541-9100
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

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

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: SPONGEBOB VENTURES II, LLC
2. (a) Principal office address of limited liability company: 6982 Standing Pines Lane
Tallahassee, FL 32312
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 6982 Standing Pines Lane
Tallahassee, FL 32312
(Note: **MAY BE POST OFFICE BOX**)
- 06/18/2004
3. Date of filing/registration in Florida
4. Document number L04000045856

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

Registered Agent:

CRAIG HERSCH

Registered Office Address:

9100 College Pointe Court
Fort Myers, FL 33919

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

NEW Registered Agent:

Carey Linker

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

6982 Standing Pines Lane
TALLAHASSEE, FL 32312

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

Stewen B. Linker, manager
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]
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
13 AUG 26 PM 1:38
TALLAHASSEE, FL
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
13 AUG 26 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Sweet Spot of South Cape LLC.

2. This limited liability company was organized under the laws of:


Florida

3. The Florida document/registration number of this limited liability company is:

L13000007160

4. I, Matthew Quinn, hereby resign as a Managing member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)