L13000 100505

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: AVA Builders of Naples LhC 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:							
Ryan Benson Name of Person							
AVA Builders of Napres, LLC Firm/Company							
1175 1st Avenue S Address							
Naples, Florida 34102 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Ryan Benson at (239) 201 – 5300 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

Enclosed is a check for the following amount:



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2015

RYAN BENSON 1175 1ST AVENUE S NAPLES, FL 34102

SUBJECT: AVA BUILDERS OF NAPLES, LLC

Ref. Number: L13000100505

We have received your document for AVA BUILDERS OF NAPLES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00017090

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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.	Na	me of the limited liability company:AVA	Basi	Iders	of h	Japle	s Li	. C.	
		1175 184 AVE S				<u> </u>	6	<u> </u>	
2.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b	/	Mailing address	s of limited li	• -		_
		Naples, FL 34102	_	Nap	les. Fr	34	102		
		Jan. 20 2015		L1:	30001	_0050)S	-	
3.		Date of filing/registration in Florida	4.		Document 1	number		-	
5.	(a)	Benson, Ryan G Registered Agent and Registered Office shown on the records of the state of the s	he Florida	Dent of Sta					
		1011 Wyomi Deive	nie i Roma	Dept. of Sta	ю.				
		Registered Office Address MUST BE FLORIDA STREET A	DDRESS	<u> </u>	_		1		
							SEC	2015	
		Fort Myers, FL	339	219	- -		AHAS	130	<u> </u>
	a.s	Renson, Ryan G		•			SEE O	8	m
	(b) .	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:	_		77.	丞	D
		1176 let Mus						£: 0	
		NEW Registered Office Address:			_		, 1		
		rogistoro e internacional							
			<u> </u>		_				
		Names ,FL	341	02					
ξ f t ³	he li	mited liability company is not organized under the lav	vs of the	State of FI	orida itis he	reby confi	rmad that	after	
the	char	ige or changes are made, the Florida street address of	the regis	tered offic	e and the bus	siness office	e of the re	egister	ed
was	s/we	ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o	f the lim	ited liabili	ty company o	firmed that	tne cnan vise provi	ge(s) ded in	
the	artic	cles of organization or the operating agreement of the	.^		mpany.	n sass			
<u> </u>	ignati	ire of a member or authorized representative of a member	_K	'yan	Printed or typ	ed name of si	ignee		
pro the to n	visio obli nere	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to act perform I for in C iereby co	in this cap ance of my hapter 60, onfirm that	pacity. I furth duties, and I 5, F.S. Or, if the limited l	ier agree to am familio this docun iability con	o comply or with an nent is bei npany has	with the d acce ing file been	ne ept ed
Sie	hatar	e of Registered Agent							
	-								

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