

L16 0000 17498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289732335

09/06/16--01020--012 **25.00

SEP 6 AM 8:39
FILED
STATE OF FLORIDA
TALLAHASSEE FILING OFFICE

M. MILLIGAN
EXAMINER

SEP - 8 - 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avonable Properties, L.L.C.
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:

Deborah L. Harvey, CPA
Name of Person

Phillips Harvey Group
Firm/Company

801 Laurel Oak Dr. #303
Address

Naples, FL 34108
City/State and Zip Code

Harvey @ SwFLCPAS.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah L. Harvey, CPA at (239) 566-1400
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: Avonable Properties L.L.C

2. (a) 777 Bentwood Pt Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)
 (b) 777 Bentwood Pt. Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)

Naples, FL 34110 Naples, FL 34110

3. 1/25/10 Date of filing/registration in Florida 4. L16000017498 Document number

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

777 Bentwood Pt. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Naples, FL 34110

(b) Deborah L. Harvey, CPA Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

C/o Phillips Harvey Group NEW Registered Office Address:
801 Laurel Oak Dr. #303
Naples, FL 34108

2010 SEP -6 AM 9:39
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 Michael Brookman 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