

FILED
Mar 16, 2006 8:00 am
Secretary of State

DOCUMENT # L99000001314



Mailing Address
25241 ELEMENTARY WAY
SUITE 200
BONITA SPRINGS, FL 34135

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number
59-3590800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

—Name

Street Address (P.O. Box Number is Not Acceptable)

City

FI	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Make check payable to
Florida Department of State**

10.	ADDITIONS/CHANGES
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TITLE	MGM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Gates, Todd		
STREET ADDRESS	12810 Tamiami Trail North		
CITY-ST-ZIP	Naples FL 34110		

TITLE	MGM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sater II, Dan F.		
STREET ADDRESS	25241 Elementary Way #200		
CITY-ST-ZIP	Bonita Springs FL 34135		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____