## L990000 8066

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
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SECRETARY OF STATE OF CORPORATIONS
ON OCT 12 AM 9:57

B. KOHR

OCT 1 3 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Verandah				
		Name of Limit	ed Liabili	ity Comp	any	
Dear :	Sir or Madam:					
The e	nclosed Registered Agent/R	egistered Office	Change	and fee(s	s) are submitted for filing.	
Please	e return all correspondence o	concerning this	matter to	the follo	wing:	MA OCT 12
	Diane Mur	TOM				_
	Name of Person		···	-		`.
		-				•
	Bonita Bay C	รักดูเก				
	Firm/Company		<del></del>	<del></del>		
	9990 Coconut Ros	ad Ste 200				
	Address	-0.010 200		_		
	Bonita Springs, I	FL 34135				
*******	City/State and Zip			<del></del>		
	Dianem@bonitaba	varoup.com				
E-	mail address: (to be used for future a	nnual report notificat	ion)	-		
For fu	rther information concerning	g this matter, pl	ease call:			
	Diane Murray	at (	239	)	390-1257	
	Name of Person		1	Area Code é	Daytime Telephone Number	
	STREET/COURIER ADDI	orcc.	MA	II ING A	DDRESS:	
	Registration Section	ALMOO.		istration S	<del>-</del> ·	
	Division of Corporations		Division of Corporations			
	Clifton Building		P.O. Box 6327			
	2661 Executive Center Circle	•	Talla	ahassee, F	Iorida 32314	
	Tallahassee, Florida 32301					
	Enclosed is a check for th	e following am	ount:			
	\$25 Filing Fee		\$55	5 Filing I	Fee & Certified Copy	

## 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.

<ul> <li>(a) Principal office address of limited liability company: <ul> <li>(Note: MUST BE STREET ADDRESS)</li> </ul> </li> <li>(b) Mailing address of limited liability company: <ul> <li>(Note: MAY BE POST OFFICE BOX)</li> </ul> </li> <li>2/5/2009</li> </ul>	Bonita Springs, FL 34  9990 Coconut  Bonita Springs, FL 34  L9900000  4. Document number	Road Ste 200		
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	9990 Coconut  Bonita Springs, FL 34  L9900000	Road Ste 200		
(Note: MAY BE POST OFFICE BOX)	Bonita Springs, FL 34	135		
	L9900000	<u> </u>		
2/5/2009		18066 9 50		
3. Date of filing/registration in Florida		3 %		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of State:		
Registered Agent:	Scott R. Whitney	<b>3</b>		
Registered Office Address:	9990 Coconut Road S Bonita Springs, FL 34			
NEW Registered Agent:  NEW Registered Office Address:	Gary Dumas  9990 Coconut Road Ste 200			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9990 Coconut Road Ste 200			
	Bonita Springs	,FL <u>34135</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the entical. Or, in the case of a let e(s) was/were authorized by herwise provided in the artic	e registered office Florida limited an affirmative vote		
Come le ma				
Printed or typed name of signes	<del>ar - Jacansolio</del>			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacit proper and complete perfori position as registered agent merely reflect a change in th any has been notified in writ	y. I further agree to mance of my duties, as provided for in se registered office ting of this change.		
Signature of Registered Agent				

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