1102000001755

(Requestor's Name)
(Address)
(Address)
(tudioss)
(City/State/Zip/Phone #)
PICK-ID PICK-ID
PEGASUS Financial Consultants, L.L.C.
1713 Periwinkle Way #287
Sanibel, FL 33957-4301
(Comment range)
Certified Copies Certificates of Status
Γ
Special Instructions to Filing Officer:
ļ ,
}
1
1

Office Use Only



500025677385

12/24/03- MINTS--NNI **25,00

IN 1/6/02/

DIVISION OF CORPORATION

03 DEC 23 AM 8: 10

→ 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. The name of the limite	ed liability company is:	Pegasus	Financial	Consultants, LL	
	f the limited liability compa				
Lehigh Acres, 1		-			
July 3, 2002		М	0200000175	5	
3. Date of filing/registrat	4. Document number				
5. The name of the register Florida Department of	ered agent and the registere State: Ira H. Zlatkin	d office addre	ss as shown on t	he records of the	
		ame			
	0 EV				
Address Sanibel, FL 33957				O3 DEC 23	
City, State and Zip				23	
6. The name and address of the new registered agent and/or office:					
	Ira H. Zlatkin			STAT ORAT	
	Nam	ie		10	
	1521 Education	Court		5	
	Florida street address (P.	O. Box NOT	acceptable)		
	Lehigh Acres Fl	33971		_	
	City, State	and Zip			
confirmed that after the chand the business office of liability company, it is her the members of the limite	npany is not organized under nange or changes are made, the registered agent will be reby confirmed that the char d liability company or as of f the limited liability comp	, the Florida st e identical. On inge(s) was/we therwise provi	reet address of t	he registered office	
Ira H. Zlatkin					
(Printed or typed name of signee)					
	intment as registered agent s of all statutes relative to d accept the obligations of his document is being filed that the limited liability co	and agree to the proper and my position a to merely refi mpany has be	act in this capac d complete perfo s registered age: lect a change in en notified in wi	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.	

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

INHS18(10/99)

FILING FEE: \$25.00