M03000003203

(Requestor's Name)		
(Address)		
(Address)		
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. (City/State/Zip/Phone #)		
. (City/State/Zip/Fittitle #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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2011 JUL -5 PM 4: 87
SECRETARY OF STATE

C. LEWIS

JUL - 6 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
·		
SUBJECT: ARK PUNTA GORDA LLC		
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:		
g		
DEBRA KRENZLER		
Name of Person		
KRD MANAGEMENT CO LLC		
Firm/Company		
9621 CYPRESS HAMMOCK CIRCLE #101		
Address		
BONITA SPRINGS, FL 34135		
City/State and Zip Code		
dobrakronzlor@ool.com		
debrakrenzler@aol.com E-mail address: (to be used for future annual report notification)		
For Continuing and in the second of the seco		
For further information concerning this matter, please	can;	
DEBRA KRENZLER at (2	16, 469-865/	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
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 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company:	Punta Gorda LLC	
2. (a) Principal office address of limited liability compan	y: , 9621 Cypress	
(Note: MUST BE STREET ADDRESS)	Hammock Circle #101	
	Bonita Springo, 1-2	
(b) Mailing address of limited liability company:	34/3	
(Note: MAY BE POST OFFICE BOX)	Jame as 2 (a)	
4/24/11	M03000003203	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	CT CORP	
Registered Office Address:	1200 South Fine Island Ro	
	33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
<u>NEW</u> Registered Agent:	Debra Krenzler	
NEW Registered Office Address:	9621 Cypress Hammock	
(MUST BE FLORIDA STREET ADDRESS)	BONITO CPRIME FL 34135	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Torida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization	
Signature of a member or authorized representative of a member	TALL SE	
Signature of a member of authorized representative of a member	ARE JE TO	
Printed or typed name of signee	ASS ASS	
I hereby accept the appointment as registered agent and a compty with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608 F.S. Or, if this document is being filed to me address. I have by confirm that the limited liability compan	oper and complete performante of my duties still in a still	
Signature of Registered Agent	F - ARETA HAS	
Division of Corporations, P.O. Box 63		
FILING FEE: \$25.00		

INHS18 (05/08)