

NO5000002429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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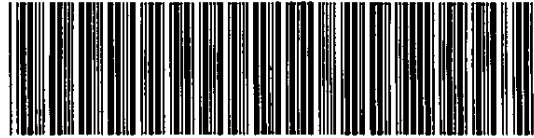
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 17 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROBERT WOOD ENTERPRISES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** MO 5000002429

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLYN Simoneau  
Name of Person

ROBERT WOOD ENTERPRISES LLC  
Name of Firm/Company

14680 Tamiami Tr. S. #3  
Address

FORT MYERS, FL 33912  
City/State and Zip Code

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

For further information concerning this matter, please call:

CAROLYN Simoneau at (239) 489-2828  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: ROBERT WOOD ENTERPRISES, LLC

2. (a) 14680 Tamiami Trail S. #3

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Fort Myers, FL 33912

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SAME

3. 5/4/05  
Date of filing/registration in Florida

4. MO5000002429  
Document number

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

14680 Tamiami Tr. S. #3

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers, FL 33912

(b) SUSAN WOOD MERLOTTI  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

14680 Tamiami Tr. S. #3

**NEW** Registered Office Address:

Fort Myers, FL 33912

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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.

Susan Wood Merlotti / Trustee Manager  
Signature of a member or authorized representative of a member

Susan Wood Merlotti  
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.

Susan Wood Merlotti  
Signature of Registered Agent