# M05000003492

| (Requestor's Name)                      |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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B. KOHR

FEB 1 7 2010

**EXAMINER** 



January 20, 2010

LES STRACHER, ESQ. 2900 GLADES CIRCLE SUITE 700 WESTON, FL 33327

SUBJECT: NAPLETON ENTERPRISES, LLC

Ref. Number: M05000003492

We have received your document for NAPLETON ENTERPRISES, LLC and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 610A00001488

Neysa Culligan Regulatory Specialist II 10 FEB 17 PM 1:58

### **COVER LETTER**

| Di          | vision of Corporations                          | See II C   |
|-------------|---|--|
| OUD IE CT   | : Napleton Enterpri                             | ses IIC  |
| SUBJECT     | Name of Corp                                    |  |
| DOCUME      | NT NUMBER: M0500                                | 0003492  |
| The enclos  | ed Statement of Change of Registered Office/A   | gent and fee are submitted for filing.                   |
| Please retu | rn all correspondence concerning this matter to | the following:   |
|             | Les Strache                                     | r Fsa  |
|             | Les Strache Name of Conta                       | ct Person  |
|             |   |  |
|             | Firm/Comp                                       | pany   |
|             |   |  |
|             | 2900 Glades Circ                                |  |
|             | Addres  | s  |
|             |   |  |
|             | Weston, Florio City/State and 2                 | la 33327   |
|             | City/State and 2                                | Lip Code   |
|             | les@kurkinbran                                  | des.com  |
|             | E-mail address: (to be used for futu            | re annual report notification)                           |
| For further | information concerning this matter, please call | :  |
|             | Les Stracher, Esq.                              | at ( 954 ) 703-1946 Area Code & Daytime Telephone Number |
|             | Name of Contact Person                          | Area Code & Daytime Telephone Number                     |
| Enclosed is | a \$35.00 check made payable to the Departme    | nt of State.   |
|             | Mailing Address: Amendment Section              | Street Address: Amendment Section                        |
|             | Division of Corporations                        | Division of Corporations                                 |
|             | P.O. Box 6327                                   | Clifton Building   |
|             | Tallahassee, FL 32314                           | 2661 Executive Center Circle                             |

Tallahassee, FL 32301

## CORPORATE

|            | K.     | ACCECC              | AWher                             | you need ACCESS to   | the world≅                               |          |
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| 1.         | -      | (CORPORATE NAME AN) | D DOCUMENT #                      | orises, LLC  |  |          |
| 2.         |        |                     |                                   |  |  |          |
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## 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. Name of the limited liability company:  | Napleton E  |  | - 0/1/0/20<br>1- 0/2/20   |  |
| 2. (a) Principal office address of limited liability compar  | ıy:   | 1460 E. Osceola F  | arkway ox   |  |
| (Note: MUST BE STREET ADDRESS)   | Kissimme  | Kissimmee, Florida 34744   |   |  |
| (b) Mailing address of limited liability company:  | 14  | 60 E. Osceola Parkv  | way   |  |
| (Note: MAY BE POST OFFICE BOX)   | Kissimme  | e, Florida 34744   |   |  |
| 06/24/2005   |   | M05000003492   |   |  |
| 3. Date of filing/registration in Florida  | 4. Docume   | nt number  |   |  |
| 5. (a) Registered Agent and Registered Office shown or   | the records o   | of the Florida Dept. of  | State:  |  |
| Registered Agent:  | Les Strac   | her, Esq.  |   |  |
| Registered Office Address:   | 401 East Las Olas Blvd., Suite 1650   |  |   |  |
|  | Ft. Lauderdale, Florida 33301   |  |   |  |
| NEW Registered Agent:  NEW Registered Office Address:  | 2900 Glad   | 2900 Glades Circle, Suite 700  |   |  |
| (MUST BE FLORIDA STREET ADDRESS)   | Weston  | "FI  | <u> 33327</u>   |  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member | Florida street<br>ntical. Or, in<br>s) was/were a<br>erwise provide                   | address of the register<br>the case of a Florida li  | red office<br>imited  |  |
| Edward F. Napleton Printed or typed name of signee   | _   |  |   |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my participated to the pand I am familiar with and accept the obligations of my participated to the confirmation of the limited liability company.  | agree to act i<br>roper and con<br>osition as reg<br>erely reflect o<br>ry has been n | n this capacity. I furtinglete performance of istered agent as provinchange in the registe of the color of th | her agree to<br>I my duties,<br>ided for in<br>Pred office<br>vis chänge. |  |
| Signature of Régistered Agent  |   |  |   |  |

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

INHS18 (05/08)