

M108000003041

(Requestor's Name)

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(Address)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 DEC 16 AM 8:21

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LAW OFFICES

WILLIAM G. MORRIS

WILLIAM G. MORRIS
ADMITTED IN FL, DC, VA

OF COUNSEL
CONSTANCE M. BURKE

MARCO OFFICE
247 N. COLLIER BLVD., SUITE 202
POST OFFICE BOX 2056
MARCO ISLAND, FL 34146-2056
TEL (239) 642-6020
FAX (239) 642-0722
E-MAIL WGMORRISLAW@EMBARQMAIL.COM

NAPLES OFFICE
TEL (239) 775-6020

December 15, 2009

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

Re: Treasure Cove Development Corp
Our File No. 09CM018

To Whom It May Concern:

Accompanying please find:

1. Change of Registered Agent, and
3. Check made payable to Florida Department of State for \$35.00 for filing fee.

Thank you for your assistance.

Sincerely,

William G. Morris

WGM/ddn
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westbrook Lely Golf Villas I, L.L.C.
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:

William G. Morris

Name of Person

Law Offices of William G. Morris

Firm/Company

247 N. Collier Boulevard, Suite 202

Address

Marco Island, FL 34145

City/State and Zip Code

wgmorrislaw@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William G. Morris

Name of Person

at (239)

642-6020

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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09 DEC 16 AM 8:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Westbrook Lely Golf Villas I, L.L.C.

2. (a) Principal office address of limited liability company: _____

☒

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

8825 Tamiami Trail
Naples, Florida 34113

(b) Mailing address of limited liability company: _____

☒

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

Same as above

06/25/2008

M080000003041

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: Constance Burke

Registered Office Address: 247 N. Collier Boulevard, Suite 202
Marco Island, Florida 34145

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

NEW Registered Agent: William G. Morris

NEW Registered Office Address: 247 N. Collier Boulevard, Suite 202
(MUST BE FLORIDA STREET ADDRESS)

Marco Island, FL 34145

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.

Signature of a member or authorized representative of a member

Joseph Boff

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 608, 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.

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
DEC 16 AM 8:24
TALLAHASSEE FLORIDA