

MO9000005026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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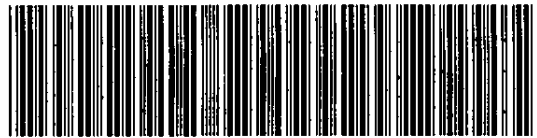
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 28 PM 2:48

T. HAMPTON

JAN 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWP Properties, LLC
Name of Corporation

DOCUMENT NUMBER: M09000005026

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Pickens
Name of Contact Person

SWP Properties, LLC
Firm/Company

6845 Lilac Lane
Address

Naples Florida, 34120
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott Pickens at (239) 354-3350
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 JAN 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 20, 2010

SCOTT PICKENS
6845 LILAC LN
NAPLES, FL 34102

SUBJECT: SWP PROPERTIES, LLC
Ref. Number: M09000005026

We have received your document for SWP PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 410A00001583

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: SWP PROPERTIES, LLC

2. (a) Principal office address of limited liability company: 6845 LILAC LANE
☐ NAPLES FL. 34120
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 6845 LILAC LANE
☐ NAPLES FL. 34120
(Note: **MAY BE POST OFFICE BOX**)

12/23/2009
3. Date of filing/registration in Florida

M09000005026
4. Document number

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

Registered Agent:

LAW OFFICES OF WILLIAM G. MORRIS

Registered Office Address:

247 N. COLLIER BLVD. SUITE 202
MARCO ISLAND FL. 34146

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

NEW Registered Agent:

SCOTT PICKENS

NEW Registered Office Address:

6845 LILAC LANE

(MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL. 34120

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.

Scott Pickens
Signature of a member or authorized representative of a member

SCOTT PICKENS
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.

Scott Pickens
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 28 PM 2:44