

M19000011617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

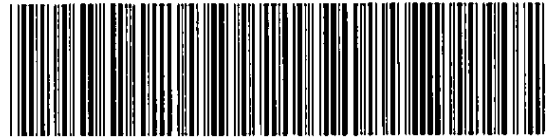
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100431179761

11:08:55

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2024 JUN 21 PM 3:31

RECEIVED

R. HUNT  
06/21/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 06/21/24  
Order #: 1542012-1  
Re: Pine Island Cape Coral FL, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

120000000195

AUTH

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the word "AUTH".

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

6/21/24  
3:31 PM

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pine Island Cape Coral FL, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christa Robertson

Name of Person

Thompson Thrift Development, Inc.

Firm/Company

901 Wabash Avenue, Suite 300

Address

Terre Haute, IN 47807

City/State and Zip Code

crobertson@thompsonthrift.com

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

For further information concerning this matter, please call:

Christa Robertson

Name of Person

at ( 812 ) 242-1167

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☒ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Pine Island Cape Coral FL, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

*(Principal office address*

**MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address*

**MAY BE A POST OFFICE BOX**)

2. The Florida document number of this limited liability company is: M19000011617

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: November 13, 2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Auth. Rep</u>	<u>Ashlee Boyd</u>	<u>901 Wabash Ave., Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Terre Haute, IN 47807</u>	<input type="checkbox"/> Remove
<u>Auth. Rep</u>	<u>Don Potter</u>	<u>901 Wabash Ave., Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Terre Haute, IN 47807</u>	<input type="checkbox"/> Remove
<u>Auth. Rep</u>	<u>Dan Sink</u>	<u>901 Wabash Ave., Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Terre Haute, IN 47807</u>	<input type="checkbox"/> Remove
<u>Auth. Rep</u>	<u>Timothy Fears</u>	<u>901 Wabash Ave., Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Terre Haute, IN 47807</u>	<input type="checkbox"/> Remove
<u>Auth. Rep</u>	<u>Aimee O'Connor</u>	<u>901 Wabash Ave., Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Terre Haute, IN 47807</u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

Paul M. Thrift

EA4347481919431...

Signature of the authorized representative

Paul M. Thrift, Manager

Typed or printed name of signee

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Auth. Ref	John Thompson	901 Wabash Ave., Suite 300	<input checked="" type="checkbox"/> Add
		Terre Haute, IN 47807	<input type="checkbox"/> Remove