

P01000057516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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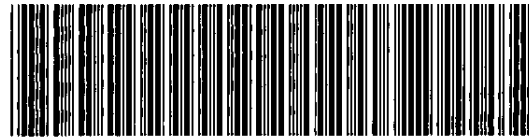
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DESERT SUN OR SARASOTA, INC
Name of Corporation

DOCUMENT NUMBER: P01000057516

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:

GARY SIMON
Name of Contact Person

DESERT SUN OR SARASOTA, INC
Firm/Company

229 ALGIERS (SAXON CIRCLE)
Address

VENICE FLORIDA 34293
City/State and Zip Code

DESERT SUN IMPORTS. @ COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY SIMON at (941) 544-8273
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

December 7, 2010

GARY SIMON
DESERT SUN OF SARASOTA INC.
229 ALGIERS DRIVE
VENICE, FL 34293

SUBJECT: DESERT SUN OF SARASOTA INC.
Ref. Number: P01000057516

We have received your document for DESERT SUN OF SARASOTA INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The new registered agent listed in #6 must sign accepting designation.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 710A00028391

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Desert Sun Imports of Sarasota, Inc.
2. The principal office address: 8201 Tamiami Trail
Sarasota, Florida 34238
3. The mailing address (if different): 229 Algiers Dr.
Venice, FL 34293
4. Date of incorporation/qualification: 6/04/2001 Document number: P01000057516
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GARY SIMON
229 ALGIER DR.
VENICE, FL 34293

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CINDY SIMON
229 ALGIER DR.
VENICE, FL 34293

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Gary Simon
Signature of an officer or director

GARY SIMON
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Cindy Simon
Signature of Registered Agent

12-10-2010
Date

If signing on behalf of an entity:

CINDY SIMON
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314