

PO 3000155632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA  
Change  
[Signature]

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cimarron Construction, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000155632

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:

Kathy Seleske  
(Name of Contact Person)

Cimarron Construction, Inc.  
(Firm/Company)

15000 Citrus Country Drive, Ste 334  
(Address)

Dade City, FL 33523  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Seleske at ( 352 ) 796-3122  
(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

February 20, 2009

KATHY SELESKE  
CIMARRON CONSTRUCTION, INC.  
15000 CITRUS COUNTRY DRIVE, STE. 334  
DADE CITY, FL 33523

SUBJECT: CIMARRON CONSTRUCTION INC.  
Ref. Number: P03000155632

We have received your document for CIMARRON CONSTRUCTION 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 registered agent must sign accepting the 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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 409A00006144

RECEIVED  
2009 MAR 19 AM 8:00  
SECRETARY OF STATE  
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: Cimarron Construction, Inc.
2. The principal office address: 15000 Citrus Country Drive, Ste 334, Dade City, FL 33523
3. The mailing address (if different): PO Box 10869, Brooksville, FL 34603
4. Date of incorporation/qualification: 12-19-2003 Document number: P03000155632
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)

Kathy Seleske

916 Missouri Ave

Palm Harbor, FL 34683

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

Kathy Seleske

15000 Citrus Country Drive, Ste. 334

(P.O. Box NOT acceptable)

Dade City, FL 33523

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.

Kathy Seleske  
(Signature of an officer or director)

Kathy Seleske, President

(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.*

Kathy Seleske  
(Signature of Registered Agent)

2-18-09

(Date)

If signing on behalf of an entity:

Kathy Seleske

(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

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TALLAHASSEE, FLORIDA