

P04000115062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

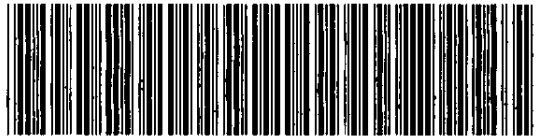
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 30 PM 12:00

Roberts REG 02/2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2009

DAVID LECKIE
SW CYCLE OF LEE COUNTY INC.
1020 NE PINE ISLAND RD UNIT 304
CAPE CORAL, FL 33909

SUBJECT: SW CYCLE OF LEE COUNTY, INC.
Ref. Number: P04000115062

We have received your document for SW CYCLE OF LEE COUNTY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 809A00034125

RECEIVED
09 NOV 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SW CYCLE OF LEE COUNTY INC.
Name of Corporation

DOCUMENT NUMBER: PO4000115062

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:

DAVID LECKIE
Name of Contact Person

SW CYCLE OF LEE COUNTY INC.
Firm/Company

1020 NE PINE ISLAND RD. UNIT 304
Address

CAPE CORAL, FLORIDA 33909
City/State and Zip Code

davidl@southwestcycle.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID LECKIE at (239) 573-8800
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

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: SWCYCLE OF LEE COUNTY, INC.
2. The principal office address: 620 NE 15th Ave Unit 1
Cape Coral, FL 33909
3. The mailing address (if different): 620 NE 15TH AVE CAPE CORAL, FL 33909
Unit 1
4. Date of incorporation/qualification: AUG 6th 2004 Document number: PO4000115062
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)

DAVID LECKIE
901 SW 10th PLACE
CAPE CORAL, FLORIDA 33991

SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 30 09 AM 12:00

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David Leckie
620 NE 15TH AVE UNIT 1
P.O. Box NOT acceptable
CAPE CORAL, FL 33909

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.

David Leckie
Signature of an officer or director

DAVID LECKIE
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.

David Leckie
Signature of Registered Agent

9/18/2009
Date

If signing on behalf of an entity:
David Leckie
Typed or Printed Name

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