

**P99000057290**

Requester's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **200003393292--0**  
 -03/14/00--01055--004  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of \_\_\_\_\_

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**FILED**  
 00 SEP 15 AM 11:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*P99000057290*  
*RAC*  
*38T*  
*9-15-00*

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 24, 2000

CAPITOLINE OF SOUTHERN FLORIDA, INC.  
1402 E. LAS OLAS BLVD.  
SUITE 1085  
FT. LAUDERDALE, FL 33301

SUBJECT: CAPITOLINE OF SOUTHERN FLORIDA, INC.  
Ref. Number: P99000057290

Our records indicate the registered agent for the above named corporation resigned on July 7, 2000 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of \$35.

If you should need any further information, please contact our office at (850)-487-6050.

Carol Mustain  
Corporate Specialist

RECEIVED  
00 SEP 11 AM 9:34  
DIVISION OF CORPORATIONS

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Capitoline of Southern Florida, Inc
2. The mailing address of the corporation : 2879 NE 28th Street Ft Lauderdale, Florida 33306
3. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
4. The name and address of the current registered agent and registered office:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**FILED**  
00 SEP 15 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Gerard Nolan  
2879 NE 28th Street  
Ft Lauderdale, FL 33306

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.

Gerard Nolan  
(Signature of an officer, chairman or vice chairman of the board)

9/01/00  
(Date)

Gerard Nolan, President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Gerard Nolan  
(Signature of Registered Agent)

9/1/00  
(Date)

If signing on behalf of an entity:

Gerard Nolan  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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