

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

OFFICE USE ONLY

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name ERIC ROBINSON		Telephone 941-488-7794
Street Address 133 S. HARBOR DRIVE		
City VENICE	State FL	Zip Code 34285
Mailing Address 133 S. HARBOR DRIVE		
City VENICE	State FL	Zip Code 34285

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Signature of Registered Agent


Date

Former Registered Agent and Office Information (for changes only)

Name N/A		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization COMMITTEE TO RECALL WILLIAM SHEARON		
Street Address 202 BAY DRIVE N.		Telephone 941-757-6741
City BRADENTON BEACH	State FL	Zip Code 34217



Signature of Chairperson

PETER BARREDA

Printed Name of Chairperson

12/8/2014

Date