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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trim -n- Skim Outdoor Services, LLC
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Chick
(Name of Person)
·
HillTrust Financial, LLC
(Firm/Company)
101 N. Country Club Road, #216
(Address)
Lake Mary, FL, 32746
(City/State and Zip Code)
For further information concerning this matter, please call:
Jessica Chick at (407 ) 321-5369
(Name of Person) (Area Code & Daytime Telephone Number
(Name of Ferson) (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

10/17/2007		L07000105441		
3. Date of filing/registr	ration in Florida	4. Document nu	ımber	
5. The name of the regi Florida Department of	of State:	ered office address as shown	on the records of the	
,	Cory L Frazen		_	
		Name	•	
	1472 Elkcam Boulevar		_	0
		ddress	. 0	∑ડ
	Deltona, FL, 32725	tate and Zip	7001	Sic
	•	•		<b>E</b> 7
6. The name and address	ss of the new registered age	ent and/or office:	25	곡
	Cory L Franzen			- 17. - 212
•		ame	AH IO:	
•	1472 Elkcam Boulevard		ယ	٠,
	Florida street address (	(P.O. Box NOT acceptable)	9	Ξ.
	Deltona,	FL 32725		••
	City, Sta	ite and Zip	,	
If the limited liability confirmed that after the	change or changes are made of the registered agent will	nder the laws of the State of de, the Florida street addres be identical. Or, in the cas change(s) was/were authorize as otherwise provided in the	s of the registered offi e of a Florida limited ted by an affirmative v	vote

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**