

L12000055/83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NOV 28 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2012

BIANCA G. LISTON, ESQUIRE
MCDONALD TOOLE WIGGINS, P.A.
111 N. MAGNOLIA AVE. SUITE 1200
ORLANDO, FL 32801

SUBJECT: THE FOLDING SLIDING DOOR COMPANY, LLC
Ref. Number: L12000055183

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TALLAHASSEE, FLORIDA

We have received your document for THE FOLDING SLIDING DOOR COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 012A00025449

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Folding Sliding Door Company, 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:

Bianca G. Liston, Esquire
Name of Person

McDonald Toole Wiggins, P.A.
Firm/Company

111 N. Magnolia Ave. Suite 1200
Address

Orlando, Florida 32801
City/State and Zip Code

bliston@mtwlegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bianca G. Liston, Esq at (407) 246-1800
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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.

1. Name of the limited liability company: The Folding Sliding Door Company, LLC

2. (a) Principal office address of limited liability company: 221 Strawberry Oaks Drive

(Note: MUST BE STREET ADDRESS)

Units 800 & 900

Orange City, Florida 32763

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

04/23/2012

3. Date of filing/registration in Florida

L12000055183

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Suzanne E. Vazquez, P.A.

Registered Office Address:

319 N. Fern Creek Ave

Orlando, Florida 32803

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Bianca G. Liston, Esq.

NEW Registered Office Address:

McDonald Toole Wiggins, P.A.

(MUST BE FLORIDA STREET ADDRESS)

111 N. Magnolia Ave. Suite 1200

Orlando, FL 32801

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

D. SHEARMAN

Printed or typed name of signer

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]
Signature of Registered Agent

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

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2012 NOV 21 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA