

L17000 251446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

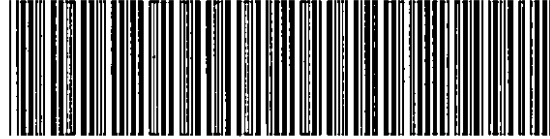
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2019 DEC 23 PM 1:49

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DEC 30 2019

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anisz 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:

Daniel Anisz
Name of Person

Anisz LLC
Firm/Company

3887 Mannix Drive Unit 602
Address

Naples, Florida 34114
City/State and Zip Code

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

For further information concerning this matter, please call:

Daniel Anisz at (239) 262-3020
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2019

DANIEL ANISZ
3887 MANNIX DR STE 602
NAPLES, FL 34114

SUBJECT: ANISZ, LLC
Ref. Number: L17000251446

We have received your document for ANISZ, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 519A00025034

RECEIVED

DEC 23 2019

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Anisz LLC

2. (a) 3887 Mannix Drive Unit 602, Naples, FL 34114
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 3887 Mannix Drive Unit 602, Naples, FL 34114
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. December 8, 2017 Date of filing/registration in Florida

4. L17000251446 Document number

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

9900 Spectrum Drive, Austin, TX 78717

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

9900 Spectrum Drive, Austin, TX 78717

_____, FL _____

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

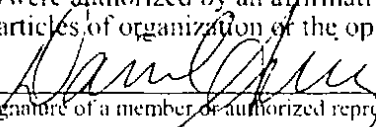
NEW Registered Office Address:

3887 Mannix Drive Unit 602

Naples, FL 34114

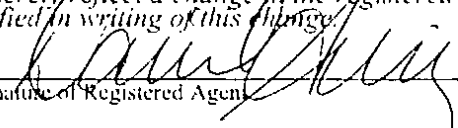
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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

Daniel Anisz
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 605, 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