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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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**EXAMINER** 



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SECRETARY OF STATE
TALLAHASSEE, FINALE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: WEST COAST C	ARPET & THE LLC		
SUBJECT: WEST COAST CARPET & TILE, LLC  Name of Limited Liability Company			
	, Cp,		
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:			
,	-		
LINDA JEANES			
Name of Person			
WEST COAST CARPET & TILE, LLC			
Firm/Company			
4224 B 26th ST W			
Address			
BRADENTON, FL 34205			
City/State and Zip Code			
waarnattila@tampahav = aam			
wcarpettile@tampabay.rr.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter along	11.		
For further information concerning this matter, please	; can:		
BOWN BY WETTER T			
DONALD W. YETTER, Esquire at ( S	Area Code & Daytime Telephone Number		
name or reison	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
Tallahassee, Florida 32301	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.

Name of the limited liability company:WEST	COAST CARPET & TILE, LLC	
2. (a) Principal office address of limited liability company	y: 4224 B 26th Street West	
(Note: MUST BE STREET ADDRESS)	BRADENTON, FL 34205	
(b) Mailing address of limited liability company:	SAME	
(Note: MAY BE POST OFFICE BOX)		
11/19/2003	L03000049689	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	ALL FLORIDA FIRM, INC.	
Registered Office Address:	813 DELTONA BLVD STE A  BOX 1393920  DELTONA, FL 32725	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address	
NEW Registered Agent:	LINDA JEANES	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4224 B 26th STREET WEST	
	BRADENTON ,FL34205	
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		
LINDA JEANES		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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