L03000055334

(Re	questor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
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(Do	cument Number)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HIGGINS PAINTING 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:		
JAMES HIGGINS (Name of Person) HIGGIN PAINTING CO. LLC (Firm/Company)		
1545 38 4 Ave (Address) Vero Beach, Florida 32960 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at 772 562-6135 (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		



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2007

JAMES HIGGINS 1545 38TH AVENUE VERO BEACH, FL 32960

SUBJECT: HIGGINS PAINTING COMPANY LLC

Ref. Number: L03000055334

We have received your document for HIGGINS PAINTING COMPANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the date of filing in Florida, the document number of the company and the name and address of the registered agent currently on file with this office. This information can be found on the attached computer printout.

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) 245-6967.

Letter Number: 107A00013859

Leslie Sellers Document Specialist

.. .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 liability company submits the following statement in order to changagent, or both, in the State of Florida.	Statutes, the undersigned limited its registered office or registered
	- PAINTING CO. LLC
2. The mailing address of the limited liability company is : 154 .	5 38= Avenue.
Vero Beach F/A. 32960	
	o 3000o 55334
3. Date of filing/registration in Florida 4. Docu	ment number
5. The mame to fithe registered agent and the registered office address a Florida Department of State:	
Name	nichael Banner
1545 4244 WTennes	Jee St
TALLAHASSEE FL 32 City, State and Zip	<u>-304</u>
6. The name and address of the new registered agent and/or office:	2007 HAR SECRETA
JAMES HIBBING	HAR .
1543 38 AVENUE	R-9 / TARY O ASSEE.
Florida street address (P.O. Box NOT acco	eptable) FSTA
Vero Beach FL 32968 City, State and Zip	ORIDA STATE ORIDA
•	
If the limited liability company is not organized under the laws of the confirmed that after the change or changes are made, the Florida street and the business office of the registered agent will be identical. Or, in liability company, it is hereby confirmed that the change(s) was/were at the members of the limited liability company or as otherwise provided the operating agreement of the limited liability company.	address of the registered office
(Signature of a member or authorized representative of a member)	
James 4,66/is	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act comply with the provisions of all statutes relative to the proper and co and I am familiar with and accept the obligations of my position as rechapter 608, F.S. Or, if this document is being filed to merely reflect address, I hereby confirm that the limited liability company has been to the confirmation of the company has been to the company has been to the company has been to the confirmation of the company has been to the company has b	in this capacity. I further agree to implete performance of my duties, sistered agent as provided for in a change in the registered office notified in writing of this change.
(Signature of Registered Agent)	
Division of Corporations, P.O. Box 6327, Tallaha	issee, FL 32314

FILING FEE: \$25.00

INHS18(8/05)