

W4000001115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COX & ROUSE, P.A.

ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK
240 LOOKOUT PLACE
MAITLAND, FLORIDA 32751

E-mail: jodi@coxandrouse.com

PAMELA J. COX
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*Board Certified in
Workers' Compensation

January 27, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Pool & Spa Dsign by Teri LLC

Dear Sir/Madam:

Enclosed please find an executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with this firm's check in the amount of \$25.00 representing your filing fee. Please change the name of the registered agent for this LLC as indicated on the form. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,


Jodi K. Mustoe

JKM:gcr
Enclosure
cc: Terri Smathers

**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. The name of the limited liability company is: Pool & Spa Dsign by Teri LLC

2. The mailing address of the limited liability company is : _____

845 Anderson Lane, Lake Mary, FL 32746

December 26, 2003
3. Date of filing/registration in Florida

L04000001115
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jodi K. Mustoe-Cox & Rouse, P.A.
Name

240 Lookout Place
Address

Maitland, FL 32751
City, State and Zip

6. The name and address of the new registered agent and/or office:

Teri Smathers (Manager)
Name

845 Anderson Lane

Florida street address (P.O. Box NOT acceptable)

Lake Mary 32746
FL

City, State and Zip

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)

TERI L. SMATHERS
(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

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