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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Advanced Interior Installations, LUC (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:
Brian M. Bergens (Name of Person)
Advanced Interior Installations UC (Firm/Company)
714 25Th Ave NW
Naples Fl. 34120 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Brian Bergens at (239) 825-8422 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy
\$25 Filing Fee & Certified Copy

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.

		Advance	1 T.L. 1-1	Talasla.	روره الحا)) A
1. The name of the limited						, <i>L</i> µC
2. The mailing address of	the limited liability co	ompany is:	714 25	In Ave	NM	•
	Naples 1	71. 3412	0			·•
2/13/200	4		L0400	00 1182.	3	
3. Date of filing/registrati	on in Florida	4.	Document nur	mber		
5. The name of the registe Florida Department of S		Name	m3	on the records		SIAID
6. The name and address of		gent and/or offi Benge	ice: NS		07 JUL 20 PM 2: 31	CHETARY OF S
	Florida street address		 		3	SHOILV
	Naples	FL 3	4120	•		
	City, S	State and Zip				
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreement (Signature of a member or authority)	h		of the State of a street address Or, in the case were authorized provided in the	Florida, it is hof the register of a Florida led by an affirm e articles of or	ereby red offic imited native v rganizat	ce ote ion
Brian M. (Printed or typed name of signee)	Bergens					
I hereby accept the appoing the comply with the provision and I appear 608/F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered a s of all statutes relative dacept the obligation his/document is being that the limited liabili	gent and agree e to the proper s, of my positio filed to merely ty company has	to act in this co and complete p n as registered reflect a chang s been notified i	apacity. I furt erformance agent as prov e in the regist n writing of th	her agra f my dut ided for ered offi is chân	ee to ties, in lice ge.

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