

104000034293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

104-34293
AK

Michael L. Crofts, P.A.

Attorney At Law

453 Twisting Pine Circle • Longwood, FL 32779
407-682-1043 • 407-682-6436 Fax

January 4, 2005

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed for filing please find a change of registered agent form for 1st Drywall, LLC, a Florida limited liability company and a check payable to the Florida Dept. of State for \$25.00.

If you have any questions or need more information, you can reach me at the phone number on this letterhead or by email at croftslaw@aol.com. Thank you.

Sincerely,



Michael L. Crofts
Attorney at Law

Enclosures (2)

cc: Mr. Rick Scharich

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

1. The name of the limited liability company is: 1st Drywall, LLC
2. The mailing address of the limited liability company is : 961 Armstrong Blvd, Ste B
Kissimmee, FL 32741

May 5, 2004

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3. Date of filing/registration in Florida

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:

Steve Peeper

Name

1497 Casa park Circle

Address

Winter Springs, FL 32708

City, State and Zip

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

Michael L. Crofts

Name

453 Twisting Pine Circle

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

Longwood

FL 32779

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)

Central Ceiling & Partition, Inc., Rick Scharich, Pres.

(Printed or typed name of signer)

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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TALLAHASSEE, FLORIDA