

W0500000 33699

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(City/State/Zip/Phone #)

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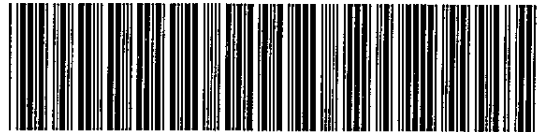
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aerial Lawn & Tree Service, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L05000033699

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig A. Conaster  
(Name of Person)

Aerial Lawn & Tree Service, LLC  
(Name of Firm/Company)

P.O. Box 1343  
(Address)

Bartow FL 33831  
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig Conaster at ( 863 ) 6401081  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Aerial Lawn & Tree Service, LLC
2. The mailing address of the limited liability company is : P.O. Box 1343  
Bartow FL 33831

- 04/06/2005 L05000033699
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:

John Cross  
Name  
404 Garrett Ridge Ct  
Address  
Winter Haven, FL 33880  
City, State and Zip

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

Craig A Conaster  
Name  
3520 E Gaskin Rd #19  
Florida street address (P.O. Box NOT acceptable)  
Bartow FL 33830  
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)

Craig Conaster  
(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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