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Certified Copies	_ Certificates	s of Status				
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Terra Care Lawns and Land (Name of L	dscaping LLC limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Mark Brockwell	
(Name of Person)	
Terra Care Lawns and Landscaping LI (Firm/Company)	LC 7ALSE 07
3220 Regal Crest Drive	CRE I A R
(Address) Longwood, FL 32779-3137	AM II: 12 SEE, FLORIDA
(City/State and Zip Code)	RIDA RIDA
For further information concerning this matter	er, please call:
Mark Brockwell (Name of Person)	at (407) 473-4785 (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 followin	g amount:
\$25 Filing Fee	\$55 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.

1. The name of the limite	d liability company is:	Terra	Care Lawns and Landscaping	LLC		<u></u>
2. The mailing address of	the limited liability co	mpan	y is : 3220 Regal Crest Driv	e		
Longwood, FL 32779-3137						
06/09/2005			L05000057219			
		4. Document num	oer			
5. The name of the register Florida Department of S	ered agent and the regis State:	tered (office address as shown or	the rec	ords o	of the
•	Brockwell, Mark					
Name						
4550 Bedford Road						
		Addre	SS			
	Sanford, FL 32773	Ctoto	and Zip	٦×	0	
	City,	State	and Zip	F.E.	7 [CONTRACT
6. The name and address of the new registered agent and/or office:			RE 1/ AHA	DEC -		
	Brockwell, Mark		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SSE	တ်	The same
Name		E C	≥			
	3220 Regal Crest Drive		LS.	=	Erandi 2 - 1	
	Florida street address	s (P.O	. Box NOT acceptable)	REF.	MII: 12	
	Longwood,	FL	32779-3137			
	City, S	state a	nd Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are manged in the registered agent was reby confirmed that the mited liability company	nade, ti ill be i chang or as	he Florida street address on dentical. Or, in the case of ge(s) was/were authorized otherwise provided in the	f the reg of a Flori by an a	gistere ida lin ffirma	ed office nited ative vote
MN						
(Signature of a member or author	ized representative of a memb	er)				
Mark Brockwell						
(Printed or typed name of signee))					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a is of all statutes relativ id accept the obligation this document is being that the limited liabili	gent a e to th is of m filed to ty com	nd agree to act in this cap e proper and complete pe by position as registered a o merely reflect a change pany has been notified in	pacity. I rforman gent as p in the re writing	furth ce of to provide gister of this	er agree to my duties, led for in ed office s change.

(Signature of Registered Agent)