

L050000060191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

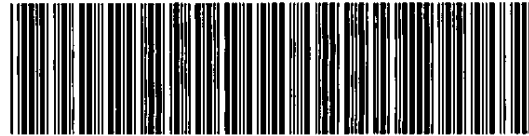
Special Instructions to Filing Officer:

L. SELLERS

AUG 30 2010

EXAMINER

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10 AUG 27 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Legacy Roofing of FL/Ahead General Contractors & Resto
Name of Limited Liability Company

DOCUMENT NUMBER: L05000060191

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:

Jonathan Wagner
Name of Person

Legacy Roofing of Florida
Name of Firm/Company

750 E Sample Road 7-5
Address

Pompano Beach, Florida 33064
City/State and Zip Code

legacyroofing@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Wagner at (954) 7018734
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2010

JONATHAN WAGNER
750 E. SAMPLE ROAD, STE. 7-5
POMPANO BEACH, FL 33064

SUBJECT: LEGACY ROOFING OF FL/ AHEAD GENERAL CONTRACTORS &
RESTORATION LLC
Ref. Number: L05000060191

We have received your document for LEGACY ROOFING OF FL/ AHEAD GENERAL CONTRACTORS & RESTORATION LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 510A00019530

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. Name of the limited liability company: Legacy Roofing of FL/Ahead G.C. & Rest. LLC

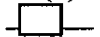
2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

750 E Sample Road 7-5
Pompano Beach, FL 33064

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

3907 North Federal Hwy 195
Pompano Beach, FL 33064

06/17/2005

L05000060191

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Urbano Neto

Registered Office Address:

4330 NE 15th Terrace
Pompano Beach, FL 33064

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Jonathan Wagner

NEW Registered Office Address:

150 Lakeview Drive #101

(MUST BE FLORIDA STREET ADDRESS)

Weston, FL 33326

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

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
FILING FEE: \$25.00

FILED
10 AUG 27 PM
SECRETARY OF
TALLAHASSEE