

L05000066056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

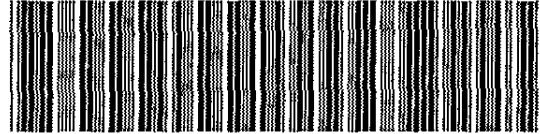
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 24 PM 3:19

4085 *Wait*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2006

ADAM N. AUSTIN  
AA QUALITY PAINTING & PRESSURE WASHING  
5291 COLLINS RD. #337  
JACKSONVILLE, FL 32244

SUBJECT: AA QUALITY PAINTING & PRESSURE WASHING LLC  
Ref. Number: L05000066056

We have received your document for AA QUALITY PAINTING & PRESSURE WASHING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a limited partnership or limited liability limited partnership, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 506A00058334

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A.A. QUALITY PAINTING & PRESSURE WASHING LLC.  
(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:

ADAM AUSTIN IN (AUSTIN)  
(Name of Person)

AA QUALITY PAINTING & PRESSURE WASHING LLC  
(Firm/Company)

5291 COLLINS RD #327  
(Address)

JACKSONVILLE, FL 32244  
(City/State and Zip Code)

For further information concerning this matter, please call:

ADAM AUSTIN at (904) 622-8466  
(Name of Person) (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 following 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 limited liability company is: A.A. Quality Painting & Pressure Washing
2. The mailing address of the limited liability company is: 5291 Collins Rd # 337  
Jacksonville, FL 32244
3. Date of filing/registration in Florida: July 5, 2005
4. Document number: 105000066056

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Florida Filing & Search Services, Inc.  
Name  
1333 North Duval Street  
Address  
Tallahassee FL 32303  
City, State and Zip

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

Adam N. Austin  
Name  
5291 Collins Rd # 337  
Florida street address (P.O. Box NOT acceptable)  
Jacksonville FL 32244  
City, State and Zip

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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)

ADAM N. AUSTIN  
(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