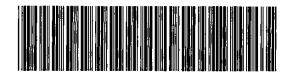
## \_05000070117

(Rec	questor's Name)			
(Address)				
(Add	Íress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		•		

Office Use Only



200074816642

05/25/06--01029--003 \*\*35.00

SECRETARY OF STATE STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN JUN - 1 2006

4. BRYAN JUN 2 2 2006



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2006

TERESA GATH 12640 87TH ST. FELLSMERE, FL 32948

SUBJECT: TERESA GATH'S HOME SERVICES L.L.C.

Ref. Number: L05000070117



We have received your document for TERESA GATH'S HOME SERVICES L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 306A00038114

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TECESA GATH'S HOME (Name of Limited L	Secures L.L.C  iability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
TETES A GATH (Name of Person)	
(Name of Person)	<b>0</b>
TERESA GATHS Home SERVICES LL (Firm/Company)	S JUN 2
12640 87St FELLSMERE	OF JUN 21 PH 2: 47
(Address)	2: 4: All
•	
F1. 32948 (City/State and Zip Code)	
For further information concerning this matter, please	e call:
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	nt: 😘
\$25 Filing Fee.	\$55 Filing Fee & Certified Copy
SEE WITTAChen I chin	70 70

INHS18 (8/05)

## 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.

agent, or boin, in the stat	e of Pioriaa.			
1. The name of the limite	ed liability company is: _	TERESA GATH:	S HOME SERVICE	ES LLC
2. The mailing address o	f the limited liability com	npany is : <u>12640</u>	87 ST FELLS ME	RE.
Fi. 32948				,
7-12-0	.5	1050	100070117	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of		ered office address as sho	own on the records of the	he
	TERESA GAT	Name	<del></del> .	
	PRESIDE STATE	esots, 656 WA	US AUE	
	A ESCONE DATA	ddress	BASTIAN FI.3	3 <b>2</b> 957
	City, S	tate and Zip	Unstrino ( )	50 (00
6. The name and address	of the new registered age	ent and/or office:		
	TERESA GATH		06	DIVIG
	12640 87+h	ame 1		SIGN PRE
		(P.O. Box NOT acceptal		3 写記
	FELLSMERE	FL 32948		راميات
		ite and Zip	,	PH 2: 4
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement with the company of a member or author (Signalure of a member or author)	ereby confirmed that the contied liability company on the limited liability of	change(s) was/were auth- r as otherwise provided company.	e of Florida, it is hereby lress of the registered o	office
TIMOTHY GA	T14			
(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 (Signature of Registered Agent)	intment as registered age ns of all statutes relative in ad accept the obligations this document is being fil a that the limited liability	to the pröper and compl	ete nertormance ot mv .	Auties

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

PD 35.00 SEE ATTACKED LETTER-