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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PERDIDO GRADING AN (Name of L	ID PAVING, L.L.C. imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filir	ıg.	
Please return all correspondence concerning t	this matter to the following:		
DEVIN NEWMAN			
(Name of Person)		,	
ALL FLORIDA FIRM, INC. (Firm/Company)		91V	
(i init company)		OT HAY 18	
465 S. VOLUSIA AVE. SUITE C		OF C	
(Address)		ORPO PH	
ORANGE CITY, FL 32763		2: 08	
(City/State and Zip Code)		3 15	
For further information concerning this matter	er, please call:		
KIRK CLARK	at (251) 962-3212		
(Name of Person)	(Area Code & Daytime Telepho	ne 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	S55 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:	PERDIDO GRA	DING AND PAVING, L	.L.C	
2. The mailing address of	the limited liability con	npany is : P.O	BOX 3333		
PENSACOLA FL 32516	;				
08/11/2005) Ui	5000079541		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register	ered agent and the registe			ecords of the	
Florida Department of	State: KIRK CLARK				
		Name	·		
	7119 WEST JACKS		,	,,,,,	
	A	Address		9	
	PENSACOLA FL 32		·-·	- Sec.	
	City, S	State and Zip		2 9是	
6. The name and address	of the new registered ago	ent and/or office	e:	o gar	
•	ALL FLORIDA FIRE	M INC		OT MAY 18 PH 2: 08	
		lame		? É	
•	465 S. VOLUSIA AV	E. SUITE C		1045 1045	
	Florida street address	(P.O. Box NO)	[acceptable)		
	ORANGE CITY	FL 32763			
	City, St	ate and 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 (Signature of a member or author)	nange or changes are mather registered agent will reby confirmed that the nited liability company of the limited liability	ade, the Florida I be identical. (change(s) was/v or as otherwise company.	street address of the r Or, in the case of a Flowere authorized by an	egistered office orida limited affirmative vote	
(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 ag is of all statutes relative d accept the obligations his document is being fi that the limited liability	tent and agree to to the proper a to fmy position tiled to merely re company has b	o act in this capacity. nd complete performa as registered agent as flect a change in the seen notified in writin	I further agree to ince of my duties, is provided for in registered office g of this change.	

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

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