

LD5000092529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

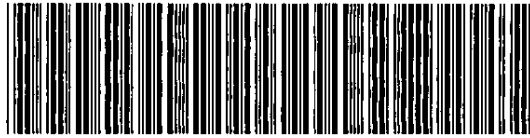
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700160224967

LD5-92529
Change of RA

09/14/09--01042--020 **25.00

FILED
09 SEP 16 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 15 2009

EXAMINER

**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: PROFESSIONAL PAINTING LLC
2. The mailing address of the limited liability company is: 2148 FLINTLOCK BLVD. KISSIMMEE FL 34743

09/20/2005

L05000092529

3. Date of filing/registration in Florida

4. Document Number

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

WHITE, DOROTHY
2148 FLINTLOCK BLVD.
KISSIMMEE FL 34743

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

ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A (Box 1198932)
DELTONA, FL 32725

FILED
09 SEP 14 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

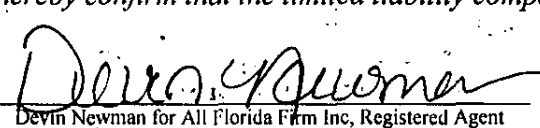
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

Julio Garrido
(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)


Devin Newman for All Florida Firm Inc, Registered Agent

September 2, 2009
(Date)

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