L06000005914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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06 JUL 24 PM 3:55

J. BRYAN MAY 24 2006

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2006

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NICOLE VERGARA
SYSTECO PEST CONTROL, L.L.C.
5185 LOMA VISTA CIRCLE #103
OVIEDO, FL 32765

SUBJECT: SYSTECO PEST CONTROL, L.L.C.
Ref. Number: L06000005914

We have received your document for SYSTECO PEST CONTROL, 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: 706A00036447

* please refund us $10.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Systeco Pest Control, 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:

Nicole Vergara
(Name of Person)

SystecoPest Control, LLC.
(Firm/Company)

5185 Loma Vista Circle Suite 103
(Address)

Oviedo, FL 32765
(City/State and Zip Code)

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For further information concerning this matter, please call:

Cesar Vergara at (407) 672-1018
(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

Please see attached letter
already sent in - need reimbursement

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.

1. The name of the limited liability company is: Systeco Pest Control, LLC.

2. The mailing address of the limited liability company is : 5185 Loma Vista Circle Suite 103 Oviedo, FL 32765

1/10/2006
3. Date of filing/registration in Florida

L06000005914
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:

Cesar A. Vergara
Name

5185 Loma Vista Circle #103
Address

Oviedo, FL 32765
City, State and Zip

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06 JUL 24 PM 3:55

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

Nicole M. Vergara
Name

5185 Loma Vista Circle #103
Florida street address (P.O. Box **NOT** acceptable)

Oviedo FL 32765
City, State and Zip

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)

CESAR A. Vergara
(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

INHS18 (8/05)