## 106000038886

	(Requestor's Name)			
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	. (City/State/Zip/Phone #)			
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	(Business Entity Name)	1	· ·	
	(Document Number)			-
Certified Copies	Certificates of S	Statu	; ;	1
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Special Instructions	s to Filing Officer:			

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SECRETARY OF STATE

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D. BRUCE
NOV 5 2009
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ		MD Lawn & Garden Service
	Nan	me of Limited Liability Company
Dear :	Sir or Madam:	
The e	nclosed Registered Agent/Regist	tered Office Change and fee(s) are submitted for filing.
Please	e return all correspondence conce	erning this matter to the following:
	Michael L. Navar	rro
	Name of Person	<del></del>
<u>Mich</u>	ael L. Navarro/ MD Lawn & G	arden Service, LLC
	ranizeompany	
	15845 W Prestwick	k Pl
	M	AWN.com I report notification)
	Miami, FL 33014 City/State and Zip Code	ARE NOV
	·	SSE -
	Michael Navarro@mdla -mail address: (to be used for future annual	awn.com
Е	-mail address: (to be used for future annual	l report notification)
For fu	orther information concerning thi	
ľ	Michael Navarro@mdlawn.cor	m <sub>at (</sub> 305 ) 467-7086
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS	S: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the fo	ollowing 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.

Name of the limited liability company: MD L	awn & Garden Service, LLC.			
• • • • • • • • • • • • • • • • • • • •	40000			
2. (a) Principal office address of limited liability company	: 1074 Sall Fedio Avenue			
(Note: MUST BE STREET ADDRESS)	Coral Gables, FL 33156			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
10/30/2009	L06000038886			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:			
Registered Agent:	Michael L. Navarro			
Registered Office Address:	15845 W Prestwick Pl.			
	25 3			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:				
NEW Registered Agent:	55 F O			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1074 San Pedro Avenee			
	Coral Gables ,FL33156			
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				
Signature of a member of authorized representative of a member				
Printed or typed name of signee	· -			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			

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

Signature of Registered Agent