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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Merritt's Landscaping and Trac (Name of Lim	ctor Service, LLC ited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Donald Merritt		
(Name of Person)		
Merritt's Landscaping and Tractor Service (Firm/Company)  3011 Blackshear Avenue	JUL -5	
(Address)	PH 12: 54 EE. FLORID	
Pensacola, FL 32502	ORIC	
(City/State and Zip Code)	——————————————————————————————————————	
For further information concerning this matter,	please call:	
Donald Merritt at	t (850 ) 232-6412	
(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 a	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 limit	ited liability com	pany is: Merritt's Landscaping and Tractor	Service, LLC	
2. The mailing address	of the limited lia	bility company is : 5725 Bronco Place,	Milton, FL 32570	
April 28, 2006  3. Date of filing/registration in Florida		L06000044650.	L06000044650. 4. Document number	
		4. Document num		
5. The name of the regis Florida Department of		the registered office address as shown	on the records of the	
•	Sara Merritt			
		Name		
	5725 Bronco	Place		
		Address		
	Milton, FL 32		-1 0	
		City, State and Zip	ASE OF THE SECOND	
6. The name and address of the new registered agent and/or office:		F II.  O7 JUL -5  SECRLTANI TALLAHASS		
	Donald Merri	<b>H</b>	AST A	
	Donaid Weiti	Name		
	3011 Blacksho		平 里	
		address (P.O. Box NOT acceptable)	PH 12: 5h	
		, and the control of	RES.	
	Pensacola	FL 32502	<u> </u>	
		City, State and Zip		
confirmed that after the and the business office	change or change of the registered thereby confirmed limited liability control the limited	ganized under the laws of the State of Fes are made, the Florida street address agent will be identical. Or, in the case I that the change(s) was/were authorize ompany or as otherwise provided in the I liability company.	of the registered office of a Florida limited	
Donald Merritt				
(Printed or typed name of signs	∞)			
		stered agent and agree to act in this ca s relative to the proper and complete poligations of my position as registered a s being filed to merely reflect a change d liability company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office in writing of this change.	

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

(Signature of Registered Agent)