LD00000003212

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(Requestor's Name)			
(Address)			
(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:			
Steven Bruck, GAVE			
QUTHORIZATION BY PHONE TO			
EXPRECT DANLES TO			
TATE 7/5/67			
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

My S

This message is not flagged. [Flag Message - Mark as Unread]

Subject: RE: Specialty Ceilings Of Central Florida LLC

Date;

Wed, 1 Aug 2007 11:00:50 -0400

From

"corphelp" <corphclp@dos.state.fl.us> 👸 Add to Address Book 📱 Add Mobile Alert

To:

"Matt Tallacksen" <specialtyceilings@yahoo.com>

The attached email has been forwarded to our Registration Section for further assistance.

Rob

Internet Access

From: Matt Tallacksen [mailto:specialtyceilings@yahoo.com]

Sent: Monday, July 30, 2007 3:21 PM

To: corphelp

Subject: Specialty Ceilings Of Central Florida LLC

To whom it may concern,

My name is Steven W Bruck, My wife Bettina and I are the sole owners of Specialty Ceilings of central Fla LLC . I am lemailing you this notice because time is of the escence that a man by the name of Kevin Gimenez has mailed the state an application stating we would like him to be added to our company as a CEO/officer and signed the app himself. Pleas disregard any attempt from mister Gimenez to be added to our LLC, for we do not approve of this nore have we ever requested this of the state. Mister Gimenez is in violation of statute 817.155 and we are taking legal action against him. We have sent in to the state the article of amendment and the processing fees to stop him from being added to our company and also the forms and fees to have him and his company Kevco of Datona Fig removed as our registered agent. We would appreciate your swift attention to this matter,

Thank You,

Steven and Bettina Bruck Owners of Specialty Ceilings of Central Florida LLC

Building a website is a piece of cake.

Yahoo! Small Business gives you all the tools to get online.

COVER LETTER

TO: Registration Section

INHS18 (8/05)

Division of Corporations	
SUBJECT: Specialty Ceilings of Central (Name of Lin	Florida LLC mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Steven and Bettina Bruck	
(Name of Person)	
Specialty Ceilings of Central Florida LL	<u>C</u>
(Firm/Company)	
1107 Lynx Trail	
(Address)	
Winter Springs Fl. 32708	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
	at (407) 235-5888/407-754-1828
(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

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.

I. The name of the In	nited liability company	1S: Specialty Cellings of Central Florida LLC	,	
2. The mailing address	ss of the limited liability	company is : 1107 Lynx Trail Winter Spring	gs fl 32708	
6/22/06		L06000063212		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the reg		gistered office address as shown on the rec	cords of the	
	KEVCO			
		Name		
	124 South st			
		Address	o	
	Daytona Beach fl 3	2708	7	
		y, State and Zip		
6. The name and addr	ess of the new registered	l agent and/or office:	O7 JUL 31	
	Steven W	——————————————————————————————————————	DIVISION OF CORPORATIONS 07 JUL 31 PM 2: 09	
	1107 Lynx Trail Wi	Name nter Springs fl 32708	2: 09	
		ess (P.O. Box NOT acceptable)	SNO	
	1	•		
	Winter Dring	S FL 32708 , State and Zip		
	City	, State and Zip		
confirmed that after the and the business offic liability company, it is of the members of the or the operating agree	ne change or changes are e of the registered agent is hereby confirmed that		gistered office ida limited affirmative vote	
Steven W Bruck				
(Printed or typed name of sig	gnee)			
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby con	ppointment as registered sions of all statutes relat a and accept the obligati if this document is bein firm that the limited liab	l agent and agree to act in this capacity. I tive to the proper and complete performan ons of my position as registered agent as p og filed to merely reflect a change in the re ility company has been notified in writing	further agree to ce of my duties, provided for in egistered office of this change.	
(Signature of Registered Age				

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