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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Premier Florida Roofing   (Name of Lin	LLC nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Keith Hightower  (Name of Person)	<del></del>
Premier Florida Roofing LLC (Firm/Company)	
6220 Highland Rise Dr	
(Address)	
Lakeland FL 33813	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Keith Hightower	at (863) 6618037
(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:
<b> ₹ § § 1 § § § § § § § § § §</b>	☐ \$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.

•	v		
1. The name of the limit	ed liability company	is: Premier Florida Roofing LLC	_ <del></del> -
2. The mailing address of	of the limited liability	company is : 6220 Highland Ris	se Dr
Lakeland FL 33813			
7-31-06		L06000076189	
3. Date of filing/registra	tion in Florida	4. Document num	ber ·
<b>4 4</b>	tered agent and the re	gistered office address as shown o	
•	Patrick J. Dug	gan	
	E140 Honover I	Name	
	5149 Hanover L	Address	
	Lakeland FL 33		80 SEATC
		ty, State and Zip	<b>6</b> 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6. The name and address	of the new registered	l agent and/or office:	JAN I
	Keith Hightowe	<u>r</u>	الميان المستقدم الم المنابع المستقدم الم
	0000	Name	
	6220 Highland F		2:
	r iorida street addi	ess (P.O. Box NOT acceptable)	37 E
	Lakeland FL 338	313 FL	
	City	, State and Zip	
and the business office o	change or changes are f the registered agent ereby confirmed that	ed under the laws of the State of F e made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized my or as otherwise provided in the litty company.	of the registered office of a Florida limited I by an affirmative vote
(Signature of a member or author			
0//	••	mber)	
Pratrick J. D. (Printed or typed name of signed	19901		
I hereby accept the apportunity with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as registered ns of all statutes rela nd accept the obligat this document is bein n that the limited liab	d agent and agree to act in this cap tive to the proper and complete pe ions of my position as registered a ng filed to merely reflect a change ility company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	ver	<del></del>	

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