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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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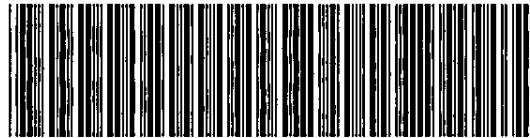
(Business Entity Name)

(Document Number)

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SECURITY STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 31 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

CRAIG A MCALLISTER
4307 SW 53RD TER
OCALA, FL 34474

SUBJECT: THOROUGHBRED LAWN AND SERVICES LLC
Ref. Number: L06000076484

We have received your document for THOROUGHBRED LAWN AND SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00001240

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thoroughbred Law and services 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:

CRAIG A. McALLISTER
Name of Person

Thoroughbred Law & services
Firm/Company

4307 SW 53rd TER.
Address

OCALA, FL 34474
City/State and Zip Code

Craigsmac667@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG A. McALLISTER at (352) 229-6506
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.

1. Name of the limited liability company: Thoroughbred LAWN & SERVICES LLC

2. (a) Principal office address of limited liability company: 4307 SW 53rd TER.
Ocala, FL 34474
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 4307 SW 53rd TER.
Ocala, FL 34474
(Note: **MAY BE POST OFFICE BOX**)

June 2006
3. Date of filing/registration in Florida

EIN - 33-1140609
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CRAIG A. McALLISTER

Registered Office Address:

4307 SW 53rd TER.
Ocala, FL 34474

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

CRAIG A. McALLISTER

NEW Registered Office Address:

9645 SW 206th CT, Rd.

(**MUST BE FLORIDA STREET ADDRESS**)

Dunnellon, FL 34431

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.

G. A. McAllister
Signature of a member or authorized representative of a member

CRAIG A. McALLISTER
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.

G. A. McAllister
Signature of Registered Agent

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