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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HAZEL CLEAN, 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 n	natter to the following:	
MANGELLE PHOTOMET		
MICHBULE UHATOWSKI (Name of Person)		
(Firm/Company)		
246 DANDKI 100 CT		
246 DANDKLIUN CI (Address)		
SORING HILL FL 34606 (City/State and Zip Code)		
(City/state and Zip Code)		
For further information concerning this matter, ple	ase call:	
To ractice information concerning this matter, pre	use our.	
MICHELLE ULATOWSKI at (3(2) 688-95/3	
(Name of Person)	(Area Code & Daytime Telephone Number)	
·		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section 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 following amount:		
\$25 Filing Fee		

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.

The name of the limited liability company is: HAZEL CLEAN, LLC		
2. The mailing address of the limite	d liability company is: 246 Dandelian Court	
Spring Hill, FL 3	4606	
11/01/2006	L06000106329	
3. Date of filing/registration in Flor	ida 4. Document number	
5. The name of the registered agent a Florida Department of State:	and the registered office address as shown on the records of the	
DELZER, C	OULTER, HENGESBACH, TAYLOR & BELL, P.A.	
Name		
5438 SPRING HILL DRIVE		
Address		
SPRING HILL, FL 34606		
	City, State and Zip	
6. The name and address of the new registered agent and/or office:		
riorida s	registered agent and/or office: LEUE ULATIONS KZ HENRY Name Name	
SPR1	M HILLEL 34606 95 2	
	City, State and Zip	
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. MICHELL MATAWSICE Multiple Liability Company (Signature of a member or authorized representative of a member)		
Printed or typed name of signee)	oski	
	registered agent and agree to act in this capacity. I further agree t	

Thereby 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.

Y Mylu Wolfardt (Signature of Registered Agent)