L06000121864

(Requestor's Name)			
(Add	dress)		
(Address)			
(City	//State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Du	omess Entity Han		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to I	iling Officer:		
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Special Instructions to Filing Officer:			
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SECRETARY OF STATE
AND ABOSEF FLORID



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: James Gerst Lawncare LLC (Name of Limite	ed 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:	
Raymond Gerst (Name of Person)		
James Gerst Lawncare (Firm/Company)		
7443 Beaumont Dr		
(Address)		
Lakeland , Florida 33810		
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Raymond Gerst at (863) 860-6371	
(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 am	iount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	



November 20, 2007

RAYMOND GERST 7443 BEAUMONT DRIVE LAKELAND, FL 33810

SUBJECT: JAMES GERST LAWNCARE, LLC

Ref. Number: L06000121864

We have received your document for JAMES GERST LAWNCARE, 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):

The current Registered Agent does not match our records.

Please return 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) 245-6067.

Letter Number: 507A00066656

Neysa Culligan Document Specialist

Division of Corporations - P.O. ROY 6327 - Tallahassoa, Florida 32314

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 limited liability company is	S: James Gerst Lawncare , LLC	•	
2. The mailing address of the limited liability of	company is : 7443 Beaumont Drive	Lakeland , Florida	
33810		·	
11/26/2006	L06000121864		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on		
411/2019	Address Street	:	
with the first of the city	chassee, FL.	32301 US	
6. The name and address of the new registered	agent and/or office:	O7 N	
Raymond Gerst		7 NOV 26	
Name 7443 Beaumont Dr			
	ss (P.O. Box NOT acceptable)	PH 2:	
Lakeland	FL 33810	ST ST	
City,	State and Zip	D'	
If the limited liability company is not organized confirmed that after the change or changes are used the business office of the registered agent visibility company, it is hereby confirmed that the of the members of the limited liability assumes or the operating agreement of the limited liability	made, the Florida street address of vill be identical. Or, in the case of he change(s) was/were authorized in the street of the swint of the street.	the registered office a Florida limited by an affirmative vote	
(Signature of a member of authorized representative of a mem	ber)		
Baymond Gerst			
(Frimed or typed name of signee)			
I havene accum the appairament as registered to comply with the provisions of all statutes relati-	nyani uni ngrat in ata in ma zapa V to the broker and complete bert was at my myonam as mandamat am	umy 1 juriner nyree 2) Ornanie of my dities. On nominie in oo	
Chapter 608, 11.8. Or, it this document is being		i the registered office	

THE STATE OF THE S

FILING FEE: \$25.00