## L07000042951

| (Requestor's Name)                      |        |  |  |
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| (Address)                               |        |  |  |
| (Address)                               |        |  |  |
| (City/State/Zip/Phone #)                |        |  |  |
| PICK-UP WAIT                            | ] MAIL |  |  |
| (Business Entity Name)                  | • •    |  |  |
|   |        |  |  |
| · · · (Document Number)                 |        |  |  |
| Certified Copies Certificates of State  | us     |  |  |
| Special Instructions to Filing Officer: |        |  |  |
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Office Use Only



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J. BRYAN

JUL -7 2009

**EXAMINER** 

## **COVER LETTER**

| SUBJECT: Sterling Trim Carpentry and Finishes 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:    John Mulligan  | TO:    | Registration Section Division of Corporations   |                  |  |                                  |             |       |
|---|--------|---|------------------|--|----------------------------------|-------------|-------|
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    John Mulligan   | SUBJ   |   | <del></del>      |  |                                  |             |       |
| Please return all correspondence concerning this matter to the following:    John Mulligan   Name of Person   | Dear : | Sir or Madam:   |                  |  |                                  |             |       |
| John Mulligan Name of Person  Firm/Company  Address  Wesley Chapel, FI 33543 City/State and Zip Code  mulliganos@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John Mulligan Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Pion Box 6327 Tallahassee, Florida 32314  Enclosed is a check for the following amount: | The e  | nclosed Registered Agent/Registe  | red Office Char  | nge and fee                                | e(s) are submitted for           | filing.     |       |
| Firm/Company  Address  31536 Stirrup Lane Address  Wesley Chapel, FI 33543 City/State and Zip Code  mulliganos@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John Mulligan at (813) 782-8944  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  Enclosed is a check for the following amount:  | Please | e return all correspondence concer  | ning this matter | to the foll                                | lowing:                          |             |       |
| Firm/Company  31536 Stirrup Lane Address  Wesley Chapel, FI 33543 City/State and Zip Code  mulliganos@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John Mulligan at (813) 782-8944  Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  |        |   |                  |  |                                  |             |       |
| Wesley Chapel, FI 33543  City/State and Zip Code  mulliganos@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John Mulligan at ( 813 ) 782-8944  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32301  Enclosed is a check for the following amount:  |        | Name of Person  |                  |  |                                  |             |       |
| Wesley Chapel, FI 33543  City/State and Zip Code  mulliganos@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John Mulligan at ( 813 ) 782-8944  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32301  Enclosed is a check for the following amount:  |        |   |                  |  |                                  | IN.         | 000   |
| Wesley Chapel, FI 33543  City/State and Zip Code  mulliganos@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John Mulligan at ( 813 ) 782-8944  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32301  Enclosed is a check for the following amount:  |        | Firm/Company  |                  | <del></del>                                |                                  | LAH.        |       |
| City/State and Zip Code  mulliganos@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John Mulligan at ( 813 ) 782-8944  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32301  Enclosed is a check for the following amount:   |        | 31536 Stirrup Land  | <b>.</b>         |  |                                  | ARY<br>ASSE |       |
| City/State and Zip Code  mulliganos@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John Mulligan at ( 813 ) 782-8944  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32301  Enclosed is a check for the following amount:   |        |   |                  |  |                                  | OF S        | 2     |
| mulliganos@hotmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    John Mulligan  |        |   | 543              |  |                                  | ORIDA       | 3: 47 |
| John Mulligan at (813) 782-8944  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  |        | City/State and Zip Code   |                  |  |                                  |             |       |
| John Mulligan at (813) 782-8944  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  |        | mulliganos@hotmail.   | com              |  |                                  |             |       |
| Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  |        |   |                  | call:                                      |                                  |             |       |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  |        | John Mulligan   | at ( 81          | 3 )  | 782-8944                         |             |       |
| Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:   |        | Name of Person  | ·                | Area Cod                                   | e & Daytime Telephone Nur        | mber        |       |
|   |        | Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle |                  | Registration<br>Division of<br>P.O. Box 63 | n Section<br>Corporations<br>327 |             |       |
|   |        | Enclosed is a check for the fol   | lowing amount    | :  |                                  |             |       |
|   |        | \$25 Filing Fee   | ١.               | \$55 Filing                                | g Fee & Certified Cop            | ру          |       |

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INHS18 (5/08)

## 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:Sterling   | Trim Carpentry and Finishes LLC   |
|---|---|
| 2. (a) Principal office address of limited liability compar   | ny:   |
| (Note: MUST BE STREET ADDRESS)  | 31536 Stirrup Lane Wesley Chapel, Fl 33543  |
| (b) Mailing address of limited liability company:   | SSE P   |
| (Note: MAY BE POST OFFICE BOX)  | 31536 Stirrup Lane グロンター Vesley Chapel, Fl 33543  |
| 04/23/2007  | L07000042951  |
| 3. Date of filing/registration in Florida   | 4. Document number  |
| 5. (a) Registered Agent and Registered Office shown or  | the records of the Florida Dept. of State:  |
| Registered Agent:   | Business Filings Incorporated   |
| Registered Office Address:  | 1203 Governors Square Blvd. Suite 101<br>Tallahassee, Fl 32301-2960   |
|   |   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>  | EW Registered Office address:   |
| NEW Registered Agent:   | Peggy Mulligan  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 31536 Stirrup Lane  |
| (MUSI BE FLURIDA STREET ADDRESS)  | Wesley Chapel ,FL 33543   |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member | Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization                          |
| John Mulligan, MGRM Printed or typed name of signee   | <u> </u>  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.   | agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in the registered office my has been notified in writing of this change. |
| Signature of Registered Agent   |   |

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