

LD7000048920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 17 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN 15 PM 3:28

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Friendly Disposal 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:

Randy Messer
Name of Person

Friendly Disposal Services LLC
Firm/Company

P.O. Box 906
Address

Hernando, FL 34442
City/State and Zip Code

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

For further information concerning this matter, please call:

Randy Messer
Name of Person

at (352) 746-0617
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: Friendly Disposal Services LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

711 So. Aldolph
St. Lecanto, FL 34460

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 906
Hernando, FL 34442

05-08-2007
3. Date of filing/registration in Florida

LO7000048920
4. Document number

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

Registered Agent:

William Ray

Registered Office Address:

5236 Riverview Cir.
Homasassa, FL 34448

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

NEW Registered Agent:

Randy Messer

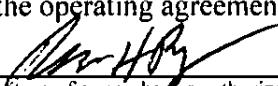
NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

711 So. Aldolph Ct.

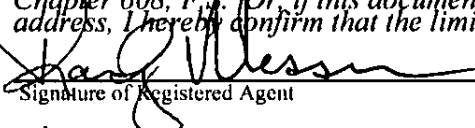
~~Lea~~ Lecanto, FL 34460

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.


Signature of a member or authorized representative of a member

WILLIAM RAY
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.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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☐ LEECANTO, FL 34460
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: P.O. Box 906
☐ Hernando, FL 34442
(Note: **MAY BE POST OFFICE BOX**)

05-08-2007
3. Date of filing/registration in Florida

LD7000048920
4. Document number

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Registered Agent:

William Ray

Registered Office Address:

5236 Riverview Cir
HOMOSASSA, FL 34448

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

NEW Registered Agent:

Randy Meeker

NEW Registered Office Address:

711 So. Aldolph Ct

(MUST BE FLORIDA STREET ADDRESS)

LEECANTO, FL 34460

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[Signature]
Signature of a member or authorized representative of a member

William Ray
Printed or typed name of signee

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[Signature]
Signature of Registered Agent

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

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JUN 15 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL 32314