## W700077518

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
| THE WAIT                                |
|   |
| (Business Entity Name)                  |
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| (5)                                     |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| 789 623 671                             |
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Office Use Only

L07-77518



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2009 APR 13 PH 3: 14
SECRETARY OF STATE

M. THOMAS

APR 1 4 2009

**EXAMINER** 

| الله الله الله الله الله الله الله الله  | COVER LETTER   | ·** . *   |
|--|--|-----------|
| TO: Registration Section Division of Corporations                                      |  |           |
| SUBJECT: Remarkable Services, LL (Name of  | C<br>Limited Liability Company)  | 0         |
| Dear Sir or Madam:   |  |           |
| The enclosed Registered Agent/Registered Of  | fice Change and fee(s) are submitted for filing.                             |           |
| Please return all correspondence concerning th   | nis matter to the following:   |           |
| Mark Lawley (Name of Person)   |  | •         |
| Remarkable Services, LLC (Firm/Company)  |  |           |
| 5407 Laurelwood Place  |  |           |
| (Address)  |  | 2         |
| Sarasota/ Florida 34232  | SECRET   | 009 A     |
| (City/State and Zip Code)  | AHASSEI  | 7 1 L. L. |
| For further information concerning this matter   |  | PH 3:     |
| Mark Lawley  | at ( 941 ) 3428964   | F         |
| (Name of Person)   | (Area Code & Daytime Telephone Number)                                       |           |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |           |

2661 Executive Center Circle Tallahassee, Florida 32301

Tallahassee, Florida 32314

| Enclosed | is a | check | for | the | following | amount: |
|----------|------|-------|-----|-----|-----------|---------|
|----------|------|-------|-----|-----|-----------|---------|

☑ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

4



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2009

MARK LAWLEY 5407 LAURELWOOD PLACE SARASOTA, FL 34232

SUBJECT: REMARKABLE SERVICES, LLC

Ref. Number: L07000077518

We have received your document for REMARKABLE 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 409A00011118

2009 APR 13 PM 3: 11

## 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.  | Na   | me of the limited liability company: Remarkable   | Services, LLC  |
|---|--|---|--|
| 2.  | (a)  | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)  | : 5407 Laurelwood Place<br>Sarasota, FL 34232  |
|   | (b)  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 5407 Laurelwood Place<br>Sarasota, FL 34232  |
|   | -  | 7, 2007   | L07000077518   |
| ٤.  | Dat  | e of filing/registration in Florida   | 4. Document number   |
| 5.  | (a)  | Registered Agent and Registered Office shown on the   | he records of the Florida Dept. of State:  |
|   |  | Registered Agent:   | John M. Compton  |
|   |  | Registered Office Address:  | 1819 Main Street, Suite 610<br>Sarasota, FL 34236  |
|   |  | NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)   | Mark G. Lawley  5407 Laurelwood Place Saraspta, FL 34232  AR  AR  TI   |
| I F   | 1  |   |  |
| tha<br>off<br>her<br>lia                                  | it affice reby bilit   | imited liability company is not organized under the left the change or changes are made, the Florida street of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  Mach Label Company  of a member or authorized representative of member) | aws of the State of Florida, it is hereby confirmed address of the registered office and the business use of a Florida limited liability company it is   |
| tha<br>off<br>he<br>lia<br>lin                            | it affice reby bilit   | ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the calconfirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of the company.  Mach. Laley Company   | aws of the State of Florida, it is hereby confirmed address of the registered office and the business use of a Florida limited liability company it is   |
| tha off her lia lin (Signature of Processing Contraction) | at affice reby bilit and an area marked an area mar | ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the calconfirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of the company.  Machier company  To be a member or authorized representative of member)  RK G. LAWLE  | aws of the State of Florida, it is hereby confirmed address of the registered office and the business are of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the |

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