

LD70000912787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08 DEC 11 AM 8:07
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tat Painting, 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:

Adam Davis
(Name of Person)

1420 Keri Island Rd
(Firm/Company)

TAT Painting, LLC
(Address)

Naples, FL 34120
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Davis at (239) 821-8111
(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 amount: Please see attached letter

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2008

ADAM DAVIS
1420 KERI ISLAND ROAD
NAPLES, FL 34120

SUBJECT: TAT PAINTING, LLC
Ref. Number: L07000092787

We have received your document for TAT PAINTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 808A00057931

**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: TAT Painting, LLC
2. (a) Principal office address of limited liability company: 1420 Keri Island Rd
Naples, FL 34120
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 9-11-07
4. Document number: LO7000092787

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Patricia Elser
- Registered Office Address: 1420 Keri Island Rd
Naples, FL 34120

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: Adam Davis
- NEW Registered Office Address: 1420 Keri Island Rd
Naples, FL 34120, FL
(MUST BE FLORIDA STREET ADDRESS)

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.

Patricia Elser
(Signature of a member or authorized representative of a member)

Patricia Elser
(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.

Adam Davis
(Signature of Registered Agent)

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

INHS18 (05/08)

↓
See attached letter

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TALLAHASSEE, FLORIDA
STATE