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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 17 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLARITY POOL SERVICE 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:

JAMES RYAN

Name of Person

CLARITY POOL SERVICE LLC.

Firm/Company

209 BENTBOUGH DR

Address

LEESBURG FL 34748

City/State and Zip Code

JIMCLARITY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

**FILED**  
10 AUG 16 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES RYAN

Name of Person

at ( 352 )

255-8483

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: CLARITY POOL SERVICE LLC.

2. (a) Principal office address of limited liability company: 209 BENTBOUGH DR

☐ (Note: **MUST BE STREET ADDRESS**) LEESBURG FL 34748

(b) Mailing address of limited liability company: 209 BENTBOUGH DR

☐ (Note: **MAY BE POST OFFICE BOX**) LEESBURG FL 34748

03/08/2006  
3. Date of filing/registration in Florida

20700103712  
4. Document number

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

Registered Agent: INCORP SERVICES INC

Registered Office Address: 375 N. STEPHANIE ST SUITE 1411  
HENDERSON NV 89014

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

**NEW** Registered Agent: JAMES RYAN

**NEW** Registered Office Address: 209 BENTBOUGH DR  
**(MUST BE FLORIDA STREET ADDRESS)** LEESBURG FL 34748

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.

James Ryan  
Signature of a member or authorized representative of a member

JAMES RYAN

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.*

James Ryan  
Signature of Registered Agent

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

FILING FEE: \$25.00