

LO7000116275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

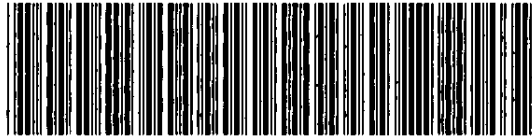
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 16 AM 9:58

B. KOHR

OCT 19 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: fisherscabinets 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:

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 OCT 16 AM 9:58

michael mccullough

Name of Person

fishers cabinets llc

Firm/Company

1320 8th ave

Address

wellborn florida 32094

City/State and Zip Code

fisherscabinets@windstream.net

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

For further information concerning this matter, please call:

michael mccullough

Name of Person

at (386)

963 5121

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: fishers cabinets llc

2. (a) Principal office address of limited liability company: 1320 8th ave

☒

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

wellborn florida 32094

(b) Mailing address of limited liability company:

☒

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

same

11/19/07

3. Date of filing/registration in Florida

4. Document number

L07 000116275

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

Registered Agent:

CORPERATION SERVICE CO.

Registered Office Address:

1201 HAYS ST.
TALLAHASSEE FLORIDA
32301

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

NEW Registered Agent:

MICHAEL MCCULLOUGH

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1320 8th AVE
WELLBORN ,FL 32094

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.

Michael McCullough

Signature of a member or authorized representative of a member

MICHAEL MCCULLOUGH

Printed or typed name of signer

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.

Michael McCullough

Signature of Registered Agent

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

FILING FEE: \$25.00