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•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

DEC 2 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: T & S Lawn Care Serv			ility Company)
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office	Change a	nd fee(s) are submitted for filing.
Please	e return all correspondence concernir	ng this r	natter to th	he following:
Steve I	M. Steele			
	(Name of Person)			•
	(Firm/Company)			
315 G	en Club Drive (Address)			
	(Address)			
DaBas	. Fladda 22742			
Depar	y,Florida,32713 (City/State and Zip Code)			•
For fu	rther information concerning this ma	itter, plo	ease call:	
	.	,,,		
Steve	Steele	at (386) 6687102
	(Name of Person)	(-	(Area Co	ode & Daytime Telephone Number)
	STREET/COURIER ADDRESS:		MAII	LING ADDRESS:
	Registration Section Registration Section Division of Corporations Division of Co Clifton Building P.O. Box 6327			
				ion of Corporations
	2661 Executive Center Circle Tallahassee, Florida 32301		l allar	nassee, Florida 32314
	Enclosed is a check for the follow	ing am	ount:	
	■ \$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: T&S Law	n Care Service LLC		
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 315 Glen Club Drive DeBary,Florida,32713		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O.Box 530866 DeBary,Florida,32713		
1/17/2008	L08000006229		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:		
Registered Agent:	Deborah D. Skipper		
Registered Office Address:	Corporation Service Company 1201 Hayes Street Tallahassee,Florida,32301		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	Steve M. Steele		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	315 Glen Club Drive		
(MCST DE TEORIDA STREET ADDRESS)	DeBary,FL_32713		
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Significate of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited		
Marcia J Steele			
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address. I hereby a line writing of this change.		
Division of Corporations, P.O. Box	x 6327, Tallahassee, FL 32314 🔀 🚊		
FILING FE	E: \$25.00 <u> </u>		

INHS18 (05/08)