

LD80000008237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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B. Tedlock AUG 12 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AAA Cooling and Heating, 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:

Brian Casey  
(Name of Person)

AAA Cooling and Heating, LLC  
(Firm/Company)

93A Mildred Dr.  
(Address)

Ft. Myers, Fl., 33901  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Casey at ( 239 ) 333-2665  
(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:**

☐ \$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: AAA Cooling and Heating, LLC

2. (a) Principal office address of limited liability company: 93A Mildred Dr.  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 93A Mildred Dr.  
(Note: **MAY BE POST OFFICE BOX**)

February 1, 2008 1/23/08  
3. Date of filing/registration in Florida

L08000008237  
4. Document number

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

Registered Agent: Ann Marie Shields

Registered Office Address: 7579 Twin Eagle Ln.  
Ft. Myers, FL 33912

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

**NEW** Registered Agent: Brian Casey

**NEW** Registered Office Address: 93A Mildred Dr.  
(**MUST BE FLORIDA STREET ADDRESS**)  
Ft. Myers FL 33901

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.

Brian Casey 8-6-08  
(Signature of a member or authorized representative of a member)

Brian Casey  
(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.*

[Signature]  
(Signature of Registered Agent)

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