

LD8000008932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

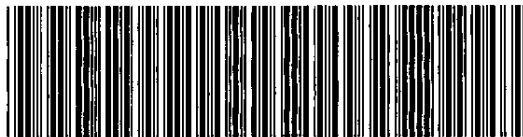
Special Instructions to Filing Officer:

L. SELLERS

MAY 20 2010

EXAMINER

Office Use Only



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05/03/10--01008--023 **25.00

FILED

10 MAY 17 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sonshine Sprayers, 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:

Billy R. Hill

Name of Person

Sonshine Sprayers, LLC

Firm/Company

14662 Paradise Trail

Address

Loxahatchee, FL 33470

City/State and Zip Code

sonshinesprayers@comcast.net

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

For further information concerning this matter, please call:

Billy R. Hill

Name of Person

at (561)

703-5482

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2010

BILLY R. HILL
14662 PARADISE TRAIL
LOXAHATCHEE, FL 33470

SUBJECT: SONSHINE SPRAYERS, LLC
Ref. Number: L08000008932

We have received your document for SONSHINE SPRAYERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 610A00011257

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: Sonshine Sprayers, LLC

2. (a) Principal office address of limited liability company: _____



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

227 SE 1st Circle
Boynton Beach, FL 33435

(b) Mailing address of limited liability company: _____

(old address)



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

227 SE 1st Circle
Boynton Beach, FL 33435

January 24, 2008

L08000008932

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Billy R. Hill

Registered Office Address:

227 SE 1st Circle
Boynton Beach, FL 33435

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

NEW Registered Agent: _____

NEW Registered Office Address: _____

(MUST BE FLORIDA STREET ADDRESS)

14662 Paradise Trail

Loxahatchee, FL 33470

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.

Billy R. Hill

Signature of a member or authorized representative of a member

Billy R. Hill

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.

Billy R. Hill

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
JAN 17 AM 10:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE