

L08000021799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

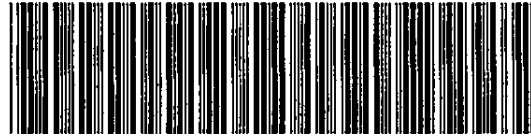
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/05/12--01007--025 \*\*25.00

FILED  
2012 DEC -5 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

DEC 7 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHILLS PAINTING 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:

PHILLIP LEKIC

Name of Person

PHILLS PAINTING LLC

Firm/Company

2093 BONANZA LANE

Address

NORTH PORT FL 34286

City/State and Zip Code

phillspainting@gmail.com

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

For further information concerning this matter, please call:

PHILLIP LEKIC

Name of Person

at ( 941 )

223-3791

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

**FILED**  
**2012 DEC -5 AM 9:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*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.*

**FILING FEE: \$25.00**

FILED  
2017 DEC -5 AM 10:00  
SECRETARY OF STATE  
ALLAHAMSEE, FLORIDA