## L08000021799

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

J. SAULSBERRY EXAMINER

ner 7 2012

## COVER LETTER

TO:	Registration Section Division of Corporations	1				٠
SUBJ	JECT:	PHILLS	PAIN	TING LLC		
~~~		Name of Limite	d Liabil	ity Company		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Reg	gistered Office	Change	and fee(s) are	e submitted for filing.	•
Please	e return all correspondence co	ncerning this n	natter to	the following	g:	
	PHILLIP LEK	KIC				
	Name of Person			_	•	•
	PHILLS PAINTIN	G LLC				
	Firm/Company		·	<del>_</del>	TALL 3S	2
· · · · · · · · · · · · · · · · · · ·					LAF	#17 DEC -5
	2093 BONANZA Address	LANE	<del></del>		SAS S	r 
	Address				F*1	_
	NIODTH DODT CI	24206			OF S	A# '9- 00
NORTH PORT FL 34286  City/State and Zip Code				92	<b>\bar{y}</b>	
	City/State and Zip Co	ac .				5
	phillspainting@gm	nail.com				
E	-mail address: (to be used for future ann		ion)	-		
For fi	urther information concerning	this matter, ple	ease call	:		
	PHILLIP LEKIC	at (_	941	_)	223-3791	
	Name of Person			Area Code & Day	time Telephone Number	
	STRÉET/COURIER ADDRI	ESS:	MA	ILING ADDI	RESS:	
Registration Section Regi		gistration Section	on			
•		ision of Corpo	rations			
C			. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		lan	lahassee, Florid	aa 32314	
	Enclosed is a check for the	e following am	ount:			
	\$25 Filing Fee		\$5	55 Filing Fee	& Certified Copy	

## **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.

DULL O DAINTINO LLO

1. Name of the limited liability company:	PHILLS PAINTING LLC
(a) Principal office address of limited liability company	y: 2093 BONANZA LANE
(Note: MUST BE STREET ADDRESS)	NORTH PORT FL 34286
(b) Mailing address of limited liability company:	2093 BONANZA LANE
(Note: MAY BE POST OFFICE BOX)	NORTH PORT FL 34286
02/29/2008	L08000021799
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:	PHILLIP LEKIC
Registered Office Address:	2025 MINCEY TERRACE NORTH PORT FL 34286
NEW Registered Agent:	PHILLIP LEKIC
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Office Address:	2093 BONANZA LANE NORTH PORT FL 34286
(MUST BE FLORIDA STREET ADDRESS)	.FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  PHILLIP LEKIC  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.

Signature of Registered Agent