

**L080000032494**

David Miller Plumbing LLC  
20230 Williams Dr  
N. Fort Myers, FL 33917

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2009 OCT 20 A 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change  
Trevino  
10-20-09

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: David Miller Plumbing, 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:

Dianne L. Miller  
Name of Person

David Miller Plbg, LLC  
Firm/Company

20230 Williams Drive  
Address

N. Ft. Myers FL 33917  
City/State and Zip Code

davem145@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dianne Miller at (239) 543-9539  
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

INHS18 (5/08)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2009

DAVID MILLER  
DAVID MILLER PLUMBING LLC  
20230 WILLIAMS DRIVE  
NORTH FORT MYERS, FL 33917

SUBJECT: DAVID MILLER PLUMBING LIMITED LIABILITY COMPANY  
Ref. Number: L08000032494

We have received your document for DAVID MILLER PLUMBING LIMITED LIABILITY COMPANY and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance of \$60.00 due to file the resignation.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 309A00032564

FILED

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

OCT. 20 A 10 57

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.

Name of the limited liability company:

David Miller Plumbing, Limited Liability Company

(a) Principal office address of limited liability company:

☐ (Note: MUST BE STREET ADDRESS)
20230 Williams Drive  
N. Ft. Myers, FL 33917

(b) Mailing address of limited liability company:

☐ (Note: MAY BE POST OFFICE BOX)
20230 Williams Drive  
N. Ft. Myers, FL 33917

March 31, 2008

1. Date of filing/registration in Florida

L08000032494

4. Document number

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

Registered Agent:

Registered Office Address:

David Miller  
20230 Williams Drive  
N. Ft. Myers, FL 33917(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)

Dianne Miller  
20230 Williams Drive  
N. Ft. Myers, FL 33917

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.

Dianne Miller  
Signature of a member or authorized representative of a memberDianne Miller  
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.

Dianne Miller  
Signature of Registered AgentDivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

INHS18 (05/08)