

L08 000056315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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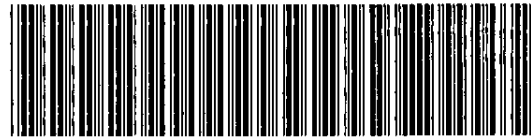
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

107

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLENN'S LAWN SERVICE 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:

WALTER G. DAMPIER
Name of Person

GLENN'S LAWN SERVICE LLC
Firm/Company

3456 SAN MIGUEL ST
Address

PORT ST LUCIE FL 34953
City/State and Zip Code

GLENN'S LAWN @ Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERETHA DAMPIER at (772) 607-2729
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: GLENN'S LAWN SERVICE LLC

2. (a) Principal office address of limited liability company: 3456 SAN MIGUEL ST
Port St Lucie FL 34953
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 3456 SAN MIGUEL ST
Port St Lucie FL 34953
(Note: MAY BE POST OFFICE BOX)

06/09/08
3. Date of filing/registration in Florida

L08000056315
4. Document number

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

Registered Agent: DENNIS W. MASTER DENNIS W. MASTER
Registered Office Address: 16200 ORANGE AVE 3456 SAN MIGUEL ST
FORT PIERCE FL 34953 PORT ST LUCIE FL 34953

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

NEW Registered Agent: WALTER G. DAMPIER
NEW Registered Office Address: 3456 SAN MIGUEL ST
(MUST BE FLORIDA STREET ADDRESS) PORT ST LUCIE FL 34953

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.

Walter G. Dampier
Signature of a member or authorized representative of a member

WALTER G. DAMPIER
Printed or typed name of signer

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.

Walter G. Dampier
Signature of Registered Agent

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

FILED
11 FEB -8 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL