

L08000071464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL - 8 PM 2:14

T. HAMPTON

JUL - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalanche Construction Services 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:

Mark Chapman
Name of Person

Avalanche Construction Services
Firm/Company

1816 Red Road
Address

Clewiston, FL 33440
City/State and Zip Code

mark@acandf.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Chapman at (863) 983-2197
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 29, 2009

MARK CHAPMAN
1816 RED RD
CLEWISTON, FL 33440

SUBJECT: AVALANCHE CONSTRUCTION SERVICES "LLC"
Ref. Number: L08000071464

We have received your document for AVALANCHE CONSTRUCTION SERVICES "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):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00022120



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 16, 2009

MARK CHAPMAN
1816 RED RD
CLEWISTON, FL 33440

SUBJECT: AVALANCHE CONSTRUCTION SERVICES "LLC"
Ref. Number: L08000071464

We have received your document for AVALANCHE CONSTRUCTION SERVICES "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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00020409

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: Avalanche Construction Services LLC

2. (a) Principal office address of limited liability company: 1816 Red Road
☒ (Note: **MUST BE STREET ADDRESS**) Clewiston, FL 33440

(b) Mailing address of limited liability company:
☒ (Note: **MAY BE POST OFFICE BOX**) 1816 Red Road

7/24/08
3. Date of filing/registration in Florida
L08000071464
4. Document number

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

Registered Agent:

James W. Preston

Registered Office Address:

468 Lopez Place
Clewiston, FL 33440

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

NEW Registered Agent:

James W. Preston

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1816 Red Rd.
Clewiston, FL 33440

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.

Mark Chapman
Signature of a member or authorized representative of a member

Mark Chapman
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.

James W. Preston
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL - 8 PM 2:15