## L08000075976

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , , , ,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
SALLAHASSEE. FLORID

## COVER LETTER 🛫 🍍

TO: Registration Section Division of Corporations	
SUBJECT:	Pyles Plumbing LLC
· Name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Donald J Pyle	
Name of Person	
Pyles Plumbing LLC Firm/Company	
2133 Linden Rd. Address	
Winter Park, Fl 32792 City/State and Zip Code	
DonPyle@Bellsouth.ne E-mail address: (to be used for future annual repo	et rt notification)
For further information concerning this ma	atter, please call:
Donald J Pyle	at ( <u>321</u> ) <u>246-4694</u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

i.

## 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:	Pyles Plumbing LLC
2. (a) Principal office address of limited liability co	mpany: Pyles Plumbing LLC
(Note: MUST BE STREET ADDRESS)	2133 Linden Rd. P. S. Winter Park, Fl 32792
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2133 Linden Rd. Winter Park, Fl 32792
08/07/2008	L08000075976
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:
Registered Agent:	Donald J Pyle
Registered Office Address:	304 Providence Blvd Deltona, Fl 32725
(b) Enter name of NEW Registered Agent and/o	or NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	Donald Jan Palonine 2183 Linden RA. Vinter Park FL 30192
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the characteristic of the members of the limited liability company or as or the operating agraement of the limited liability confirmed that the characteristic of the limited liability company or as or the operating agraement of the limited liability confirmed that the characteristic of the limited liability company or as or the operating agraement of the limited liability confirmed that the characteristic of the limited liability company or as or the operating agraement of the limited liability confirmed that the characteristic of	the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	
Donald J Pyle Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirm that the limited liability confirmation of Registered Agent	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

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