

L09 000001954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

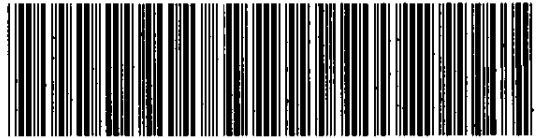
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 18 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2009

MICHAEL DEAN MCMASTER
2630 ROYAL PALM DR
EDGEWATER, FL 32141

SUBJECT: BACKYARD POOL AND SPA REPAIR LLC
Ref. Number: L09000001956

We have received your document for BACKYARD POOL AND SPA REPAIR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 809A00038804

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Backyard Pool and Spa Repair, 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:

Michael D McMaster
Name of Person

Backyard Pool and Spa Repair, LLC.
Firm/Company

2630 Royal Palm Dr
Address

Edgewater FL 32141
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael D. McMaster at (386) 402-6742
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

2010 FEB 17 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Backyard Pool and Spa Repair LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

2630 Royal Palm Dr
Edgewater, FL 32141

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 305
New Smyrna Bch, FL 32170

1-07-09

3. Date of filing/registration in Florida

4. Document number

L09000001956

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

Registered Agent:

Company Corporation

Registered Office Address:

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

NEW Registered Agent:


Michael D. Mcmaster

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2630 Royal Palm Dr
Edgewater
, FL 32141

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.


Signature of a member or authorized representative of a member

Michael D. McMaster
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.


Signature of Registered Agent

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