

L09000030569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

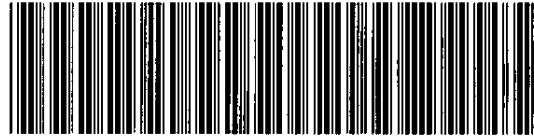
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TALLAHASSEE, FLORIDA

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C. LEWIS

JUL 8 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVER LOVIN' CARE 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:

Pamela Neel
Name of Person

Ever Lovin' Care LLC
Firm/Company

3432 Deltona Blvd
Address

Spring Hill FL 34606
City/State and Zip Code

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

For further information concerning this matter, please call:

Pamela Neel at (352) 897-6002 or (352) 279-2327
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: Ever Louin' Care LLC

2. (a) Principal office address of limited liability company: 3432 Deltona Blvd
☐ (Note: MUST BE STREET ADDRESS) Spring Hill FL 34606

(b) Mailing address of limited liability company: 3432 Deltona Blvd
☐ (Note: MAY BE POST OFFICE BOX) Spring Hill FL 34606

January 15, 2009

3. Date of filing/registration in Florida

4. Document number

LO9000030569

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

Registered Agent:

Pamela Neel

Registered Office Address:

13262 Branchville Rd
Spring Hill FL 34609

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

NEW Registered Agent:

Pamela Neel

NEW Registered Office Address:

3432 Deltona Blvd

(MUST BE FLORIDA STREET ADDRESS)

Spring Hill FL 34606

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

Volanda Meyers

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.

Pamela Neel

Signature of Registered Agent

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

FILING FEE: \$25.00

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JUL -7 PM 2:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE