

LD9000051949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

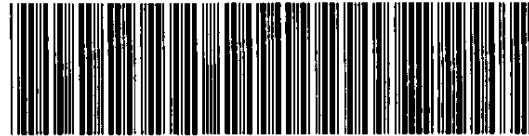
Special Instructions to Filing Officer:

**L. SELLERS**

JUL 22 2010

**EXAMINER**

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**FILED**  
10 JUL 21 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ideal Installations 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 Rutigliano

Name of Person

Ideal Installations LLC.

Firm/Company

6084 Farmers Place

Address

Lake Worth, Fl. 33463

City/State and Zip Code

mark@idealinstall.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Rutigliano

Name of Person

at ( 561 )

436-7255

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

July 12, 2010

MARK RUTIGLIANO  
6084 FARMERS PLACE  
LAKE WORTH, FL 33463

SUBJECT: IDEAL INSTALLATIONS LLC.  
Ref. Number: L09000051949

We have received your document for IDEAL INSTALLATIONS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 710A00016891

**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: Ideal Installations LLC.

2. (a) Principal office address of limited liability company: 135 Berenger Walk



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

Wellington, Florida 33414

(b) Mailing address of limited liability company: \_\_\_\_\_



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

3. Date of filing/registration in Florida \_\_\_\_\_

4. Document number \_\_\_\_\_

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

Registered Agent:

Mark Rutigliano

Registered Office Address:

135 Berenger Walk  
Wellington, Florida 33414

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

NEW Registered Agent:

Mark Rutigliano

NEW Registered Office Address:

6084 Farmers Place

**(MUST BE FLORIDA STREET ADDRESS)**

Lake Worth, FL 33463

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

Mark Rutigliano  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity and 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

FILED  
JUL 21 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA