

L091000093715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

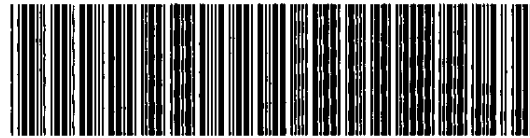
Special Instructions to Filing Officer:

L. SELLERS

OCT 20 2010

EXAMINER

Office Use Only



700185253487

10/04/10--01032--005 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 18 PM 2:05

FILED

Wrong form

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERLE'S LAWN SERVICE 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:

MERLE BROWN
Name of Person

MERLE'S LAWN SERVICE LLC
Firm/Company

4680 CHARDONNAY DR.
Address

PORT CRANGE FL 32129
City/State and Zip Code

MERLEB46@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MERLE BROWN at (386) 212 1240
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

October 8, 2010

MERLE BROWN
4680 CHARDONNAY DRIVE
PORT ORANGE, FL 32129

SUBJECT: MERLE'S LAWN SERVICE LLC
Ref. Number: L09000093715

We have received your document for MERLE'S LAWN SERVICE 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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: 010A00023962

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: MERLE'S LAWN SERVICE LLC
2. (a) Principal office address of limited liability company: 4680 CHARDONNAY DR
 (Note: **MUST BE STREET ADDRESS**) PORT ORANGE, FL. 32129
- (b) Mailing address of limited liability company: 4680 CHARDONNAY DR
 (Note: **MAY BE POST OFFICE BOX**) PORT ORANGE, FL. 32129
3. Date of filing/registration in Florida: 9-29-2009
4. Document number: LO9000093715

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: UNITED STATES CORPORATION AGENCY
- Registered Office Address: 13302 WINDING OAKS BLVD
A-100
TAMPA, FL. 33612
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** MERLE BROWN
- NEW Registered Office Address:** 4680 CHARDONNAY DR
(MUST BE FLORIDA STREET ADDRESS) PORT ORANGE, FL. 32129

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.

Merle Brown
Signature of a member or authorized representative of a member

MERLE BROWN
Printed or typed name of signee

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.

Merle Brown
Signature of Registered Agent

FILED
OCT 18 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA