

LD9000103386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

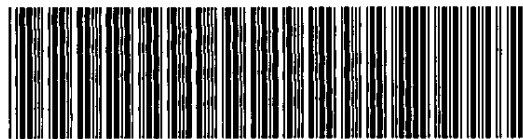
(Business Entity Name)

(Document Number)

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2018 NOV -8 AM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Nov. 9 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2010

RAYMUND C. MORRIS
702 KRISS LANE
JUPITER, FL 33458

SUBJECT: TROPICAL WINDOW AND PRESSURE CLEANING, LLC
Ref. Number: L09000103386

We have received your document for TROPICAL WINDOW AND PRESSURE CLEANING, 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 the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 810A00024921

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Window & Pressure Cleaning, Inc.
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:

Raymond C. Morris
Name of Person

Tropical Window & Pressure Cleaning, Inc.
Firm/Company

702 Kriss Lane
Address

Jupiter, FL 33458
City/State and Zip Code

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

For further information concerning this matter, please call:

Raymond Morris at (561) 348-0476
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

35⁰⁰ CK #616
paid 10/20/10
Dept of State

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: Tropical Window and Pressure Cleaning, LLC

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

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

702 Kriss Lane
Jupiter, FL 33458

(b) ☒ Mailing address of limited liability company:

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

702 Kriss Lane
Jupiter, FL 33458

3. Date of filing/registration in Florida

10/27/2009

4. Document number

L09008 103386

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

Registered Agent:

Corporation Service Company

Registered Office Address:

201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent:

Raymond C. Morris

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

702 Kriss Lane
Jupiter, FL 33458

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

Raymond C. Morris

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