#L09000114266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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12 JUL 19 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 20 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2012

SOLAR DESIGNS, LLC
GLEN GRAY
103 COLLEGE AVE. WEST
RUSKIN, FL 33570

SUBJECT: SOLAR DESIGNS, LLC
Ref. Number: L09000114266

We have received your document for SOLAR DESIGNS, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 012A00018312

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLAR DESIGNS, 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:

GLEN GRAY
Name of Person

SOLAR DESIGNS, LLC
Firm/Company

103 COLLEGE AVENUE WEST
Address

RUSKIN, FLORIDA 33570
City/State and Zip Code

SOLARDESIGNS@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLEN GRAY at (813) 645-2200
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: SOLAR DESIGNS, LLC

2. (a) Principal office address of limited liability company: 103 COLLEGE AVENUE WEST

(Note: MUST BE STREET ADDRESS) RUSKIN, FLORIDA 33570

(b) Mailing address of limited liability company: 103 COLLEGE AVENUE WEST

(Note: MAY BE POST OFFICE BOX) RUSKIN, FLORIDA 33570

11/30/2009
3. Date of filing/registration in Florida

L09000114266
4. Document number

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

Registered Agent: CHERYL CREASON

Registered Office Address: 105 7TH AVE NE
RUSKIN FL 33570 US

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TALLAHASSEE, FLORIDA

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

NEW Registered Agent: GLEN GRAY

NEW Registered Office Address: 103 COLLEGE AVENUE WEST
(MUST BE FLORIDA STREET ADDRESS)
RUSKIN ,FL 33570

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

GLEN GRAY
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

INHS18 (05/08)