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SECRETARY OF STATE

T. CLINE

MAR - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Western Utility S Name of Limited	Ervices Liability Company		-
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this ma	atter to the following:		
Randy Nelson Name of Person Western Utility Service Firm/Company Address Parrish, F2 34219 City/State and Zip Code randy Western @ hotmail. C E-mail Jiddress: (to be used for future annual report notification)	st	2010 MAR -5 AM 11: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
For further information concerning this matter, plea	se call:		
Randy Nelson at (6)	141 <u>782 - 703</u> Area Code & Daytime Telephor	- 4	
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 amo	unt:		
\$25 Filing Fee	\$55 Filing Fee & Certified	ł Copy	

STAĞEMENT 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.

agent, or both, in the blate of 1 torica.	
1. Name of the limited liability company: Weste	un Utility Services
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	12428 23rd Street Eas Parrish, FL 34219
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
12/1/2009 3. Date of filing/registration in Florida	L09000114387 4. Document number
5. (a) Registered Agent and Registered Office shown on	^ , , , ,
Registered Agent:	Kandy Nelson
Registered Office Address:	Parrish, FL = 30019
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Allison Mession
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

FILING FEE: \$25.00