L10000009139

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	
	Office Use On	niv



900240187819

10/15/12--01013--016 **25.00

SECRETARY OF STATE ON OF CORPORATION OF CORPORATION

C. LEWIS

OCT 1 6 2012

EXAMINER

* COVER LETTER •

TO: Registration Section Division of Corporations			
	All Transact Construction 11 C		
SUBJECT:	All Tropical Construction, LLC Name of Limited Liability Company		
1	value of Ellinted Diability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Re	gistered Office Change and fee(s) are submitted for filing.		
Please return all correspondence co	ncerning this matter to the following:		
Michael J. Mu	rphy		
Name of Person	· .		
All Tropical Constru	ction, LLC		
Firm/Company			
92425 Overseas	-lighway		
Address			
Tavernier, Fl.			
City/State and Zip C	ode		
alltropicalconstruction E-mail address: (to be used for future ar	@yahoo.com		
	•		
For further information concerning	this matter, please call:		
Michael Murphy	at (305) 393-4242		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDR	ESS: MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for th	e 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.

Name of the limited liability company: All	Tropical Construction, LL	.C	
2. (a) Principal office address of limited liability company	92425 Overseas Highway		
(<u>Note: MUST BE STREET ADDRESS</u>)	Tavernier, Fl. 33070	ON SE	
(b) Mailing address of limited liability company:	same as above	NOOT OF THE	
(Note: MAY BE POST OFFICE BOX)		5 000	
1/26/10	L10000009139	3 3 S	
3. Date of filing/registration in Florida	4. Document number	#0	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. o	of State:	
Registered Agent:	Michael J. Murphy		
Registered Office Address:	97671 Overseas Highway Key Largo, Fl. 33037		
	-		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
NEW Registered Agent:	Same		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	92425 Overseas Highway		
****	Tavernier ,F	L <u>33070</u>	
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 identiability company, it is hereby confirmed that the change(s of the members of the limited hability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the regist ical. Or, in the case of a Florida	ered office limited	
Michael J. Murphy 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, V.S. Or, if this document is being filed to me address, I hereby configuration the limited liability companions of Registered Meet	gree to act in this capacity. I fur oper and complete performance of sition as registered agent as pro- rely reflect a change in the regis y has been notified in writing of i	rther agree to of my duties, vided for in tered office this change.	
Division of Corporations, P.O. Box 63	27 Tallahassee FL 32314		

FILING FEE: \$25.00