

L10000012225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L1-12225
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

OCT 21 2011

EXAMINER

Office Use Only



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10/03/11--01015--003 **25.00

FILED
2011 OCT 20 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2011

BRIAN MADALENA
4400 STONEFIELD DR.
ORLANDO, FL 32826

SUBJECT: ALL VOLUSIA & FLAGLER HEATING & AIR, LLC
Ref. Number: L10000012225

We have received your document for ALL VOLUSIA & FLAGLER HEATING & AIR, 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 5B NEEDS TO BE COMPLETED.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 811A00022970

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Volusia and Flagler Heating & Air, 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:

Brian Madalena

Name of Person

All Volusia & Flagler Heating & Air, LLC

Firm/Company

4400 Stonefield Dr.

Address

Orlando/FL 32826

City/State and Zip Code

billing@volusiaflaglerac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Madalena

Name of Person

at (386)

252-1247

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: All Volusia and Flagler Heating & Air, LLC

2. (a) Principal office address of limited liability company: 617 Fern Ave.

(Note: MUST BE STREET ADDRESS)

Holly Hill, FL, 32117

(b) Mailing address of limited liability company: 617 Fern Ave.

(Note: MAY BE POST OFFICE BOX)

Holly Hill, FL, 32117

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Registered Office Address:

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

617 FERN AVE.
HOLLY HILL, FL 32117

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

Antonio Madalena

Printed or typed name of signer

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