L10000021707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 APR 24 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 25 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2012

LIAM BOYLE
4912 SW 11TH PLACE
MARGATE, FL 33068

SUBJECT: CLEAR VIEW WINDOW AND HOME REPAIR, LLC
Ref. Number: L10000021707

We have received your document for CLEAR VIEW WINDOW AND HOME REPAIR, 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):

We are enclosing the proper form(s) with instructions for your convenience.

You can only designate (1) person as the Registered Agent.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 212A00007652

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clear View Window and Home Repair, 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:

Liam Boyle
Name of Person

Clear View Window and Home Repair LLC
Firm/Company

4912 SW 11TH Place
Address

Margate FL 33068
City/State and Zip Code

clearviewwindow2010@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liam Boyle at (954) 270 3855
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

INHS18 (5/08)

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: Clear View Window and Home Repair, LLC

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

(Note: MUST BE STREET ADDRESS)

4912 SW 11TH Place
Margate FL 33068

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4912 SW 11th Place
Margate FL 33068

FILED
12 APR 28 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

02/25/2010
3. Date of filing/registration in Florida

L10000027807
4. Document number

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

Registered Agent: USA - RA LLC

Registered Office Address: 841 Prudential Drive
12TH Floor
Jacksonville FL 32207

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

NEW Registered Agent: Curtis Reuther

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

8109 NW 70TH Avenue
Tamarac, FL 33321

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

Liam Boyle
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)