

L10000083778

(Requestor's Name)

Micco Land Services LLC
PO BOX 365
Roseland, FL 32957

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2011 SEP -6 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP -7 2011

EXAMINER

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: Micco Land Services LLC

2. (a) Principal office address of limited liability company: 8144 Bud Douglas Ct.

(Note: MUST BE STREET ADDRESS)

Micco, FL 32976

(b) Mailing address of limited liability company: PO Box 365

(Note: MAY BE POST OFFICE BOX)

Roseland, FL 32957

July 21, 2011 9-1-11

3. Date of filing/registration in Florida

4. Document number

L10000083778

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

Registered Agent:

Alvin E. Moore

Registered Office Address:

8135 Pineridge Tr.
Micco, FL 32976

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

NEW Registered Agent:

Alvin E. Moore

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

8135 Pineridge Tr.
Micco, FL 32976

, FL

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.

Alvin E. Moore
Signature of a member or authorized representative of a member

Alvin E. Moore

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.

Alvin E. Moore
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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