

L10000099774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Cope*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVE

2016 JAN 19 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 23, 2015

VACUUMS ETC LLC  
WILLIAM B ROTT  
11087 W COLONIAL DR  
OCOE, FL 34761

SUBJECT: VACUUMS ETC LLC  
Ref. Number: L10000099774

We have received your document for VACUUMS ETC 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.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 015A00026901

*PLEASE FIND ENCLOSED NEW PAPERWORK FOR  
LLC. THANKS. SORRY FOR THE CONFUSION  
ON MY PART.*

*Bill*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VACUUMS ETC 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:

WILLIAM ROTT  
Name of Person

VACUUMS ETC  
Firm/Company

11087 W. COLONIAL DR  
Address

OCFEE, FL 34761  
City/State and Zip Code

VACUUMSETC@BMBACQMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Rott at (407) 656 0050  
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: VACUUMS BTC LLC

2. (a) 11087 W. COLONIAL DR (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

11087 W. COLONIAL DR  
OCFEE FL 34761

SAME

3. 10/4/2010 4. L10000099774  
Date of filing/registration in Florida Document number

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

1201 ORANGE STREET  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 600  
WILMINGTON DELAWARE 19801

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

2344 SHERBROOKE RD

**NEW Registered Office Address:**

WINTER PARK

WINTER PARK, FL 32782

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.

William B. Rott OWNER  
Signature of a member or authorized representative of a member

WILLIAM B ROTT  
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 605, 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.

Sidney J. Shickland, Jr.  
Signature of Registered Agent