

L10000102994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

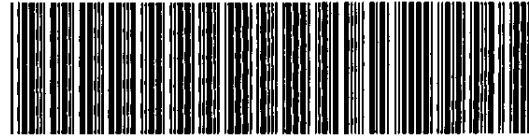
Special Instructions to Filing Officer:

L. SELLERS

OCT - 5 2011

EXAMINER

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OCT - 3 PM 12:28
FEB 14 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wild Branch Lawn Service, 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:

Mark Lightner

Name of Person

Wild Branch Lawn Service, LLC

Firm/Company

1219 Meadow Lake RD

Address

Rockledge, FL 32955

City/State and Zip Code

Jillzonfire@yahoo.com

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

For further information concerning this matter, please call:

Jill Lightner

Name of Person

at (321) 626-3858

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

ALREADY PAID \$35.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2011

MARK LIGHTNER
1219 MEADOW LAKE RD
ROCKLEDGE, FL 32955

SUBJECT: WILD BRANCH LAWN SERVICE, LLC
Ref. Number: L10000102994

We have received your document for WILD BRANCH LAWN SERVICE, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 511A00021773

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: Wild Branch Lawn Service, LLC

2. (a) Principal office address of limited liability company: 903 PROSPERITY PL

(Note: **MUST BE STREET ADDRESS**)

Rockledge FL 32955

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1219 Meadow Lake RD
Rockledge FL 32955

10/1/2010
3. Date of filing/registration in Florida

L10000102994
4. Document number

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

Registered Agent:

The Company Corporation

Registered Office Address:

1201 Hays St.
Tallahassee FL 32301

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

NEW Registered Agent:

Mark Lightner

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1219 Meadow Lake RD
Rockledge FL
FL 32955

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.

Gill Lightner
Signature of a member or authorized representative of a member

Jill Lightner
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.

Mark Lightner
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00