

L10000128512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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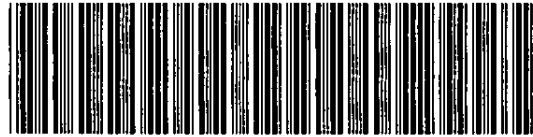
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 22 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paragon Restoration of Central Florida 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:

John M. Crescente

Name of Person

Paragon Restoration of CFL LLC

Firm/Company

551 Pasadena Ave

Address

Long Wood FL 32750

Orlando FL 32276

City/State and Zip Code

John @ Paragon restoration LLC.com

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

For further information concerning this matter, please call:

John Crescente

Name of Person

(407) 283-8838

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

FILING CANCELLED
RETURNED CHECK

**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: Paragon Restoration of Central Florida LLC

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

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

John Crescente
551 PASADENA AVE
Longwood FL 32750

(b) Mailing address of limited liability company:

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

PO Box 622102
Orlando FL 32762
L10000128510

3. Date of filing/registration in Florida
12-16-2010

4. Document number

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

Registered Agent:

Eliot Acosta Jr.

Registered Office Address:

169 Sawyerwood PL
ORLANDO, FL 32765

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

NEW Registered Agent:

John Crescente

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

551 PASADENA AVE
Longwood FL 32750

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.

John M. Crescente
Signature of a member or authorized representative of a member

John M. Crescente
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.

John M. Crescente
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
MAY 21 PM 1:48
CLERK OF STATE
TALLAHASSEE, FLORIDA