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C. LEWIS

NOV 4 2011

EXAMINER

COVER LETTER

Division of Corporations Frank Brzozowski Garage Door Repair LLC SUBJECT: 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: Frank Brzozowski Name of Person Frank Brzozowski Garage Door Repair LLC Firm/Company 550 Palm Ave Address Sebastian FL 32958 City/State and Zip Code lbrzozowski550@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank Brzozowski 539-2833 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO▶ Registration Section

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:	Frank Brz	<u>ozowski Garage Do</u>	or Repair LLC	
2. (a) Principal office address of limited liability company		: 550 Palm Ave		
(Note: MUST BE STREET ADDRE	ESS)	Sebastian, FL 32958		
(b) Mailing address of limited liability co	• •	550 Palm Ave Sebastian, FL 32958	2011 NOV	
03/15/2011		L1100003	SET L	
3. Date of filing/registration in Florida	4	4. Document number	FLC ST	
5. (a) Registered Agent and Registered Office	ce shown on t	he records of the Florida	第二の	
Registered Agent:		Business Filings Incorporated		
Registered Office Address:		Suite 101	03 Governor's Square Blvd lite 101 llahassee, FL 32301-2960	
(b) Enter name of NEW Registered Ager	<u>ıt</u> and/or <u>NEV</u>	V Registered Office add	ress:	
NEW Registered Agent:		Frank Brzozowski		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		550 Palm Ave		
		Sebastian	,FL <u>32958</u>	
If the limited liability company is not organiz confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compare or the operating agreement of the limited liability compared that the company of the operating agreement of the limited liability company or the operating agreement of the limited liability company of a member or authorized representative of a member of a memb	e made, the Floor will be idention the change(s) my or as otherwillity company.	orida street address of the cal. Or, in the case of a F was/were authorized by a vise provided in the articl	registered office Florida limited an affirmative vote	
Frank Brzozowski Printed or typed name of signee	· · · · · · · · · · · · · · · · · · ·			
I hereby accept the appointment as registered comply with the provisions of all statutes rela and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	d agent and ag tive to the pro ions of my pos ng filed to mer ility company	ree to act in this capacity per and complete perforn ition as registered agent ely reflect a change in the has been notified in writi	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.	
Flank Brannich.				

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