

L11 000060167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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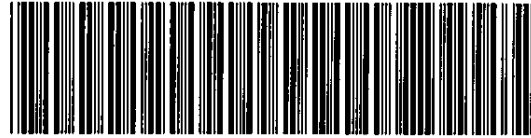
(Business Entity Name)

(Document Number)

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13 NOV - 1 AM 11:39  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LGS SAFETY TECH 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:

LEOMAR MENENDEZ

Name of Person

LGS SAFETY TECH LLC

Firm/Company

2848 MUSKY MINT DR.

Address

LAND O' LAKES, FLORIDA 34638

City/State and Zip Code

info@lgsst.com

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

For further information concerning this matter, please call:

Leomar Menendez

Name of Person

at ( 813 ) 5001260

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

RECEIVED  
13 NOV - 1 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: LGS SAFETY TECH LLC

2. (a) Principal office address of limited liability company: 2848 MUSKY MINT DR.  
**(Note: MUST BE STREET ADDRESS)** LAND O' LAKES, FLORIDA 34638

(b) Mailing address of limited liability company: 2848 MUSKY MINT DR.  
**(Note: MAY BE POST OFFICE BOX)** LAND O' LAKES, FLORIDA 34638

05/23/2011

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: LEOMAR MENENDEZ

Registered Office Address: 14015 LEMON VALLEY PL.  
TAMPA, FLORIDA 33625

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

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)** 2848 MUSKY MINT DR.  
LAND O' LAKES FL 34638

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.

Signature of a member or authorized representative of a member

LEOMAR MENENDEZ

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.*

Signature of Registered Agent

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

**FILING FEE: \$25.00**