L11000125224

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(R	equestor's Name)				
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(Address)					
(C	ity/State/Zip/Phone #)				
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1					
PICK-UP	WAIT	MAIL			
(B	usiness Entity Name)				
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<u></u>	and Minahaw				
(D	ocument Number)				
Certified Copies	Certificates of	Status			
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Special Instructions to	- Eiling Officer	1			
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

SUBJECT: SOLARIDY LLC					
(Name of Limit	ed Liability Con	npany)			
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.			
Please return all correspondence concerning the	nis matter to:				
Richard Calvin Carroll					
(Contact Person)		-			
4950 38th Ave N					
(Firm/Company)		-			
(Address)		-			
St. Petersburg, FL 33710					
(City/State and Zip Code)		-			
For further information concerning this matter	, please call:				
Richard Calvin Carroll	727 at (527 5418			
(Name of Contact Person)		& Daytime Telephone Number)			
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy			
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations P.O. Box 6327			
Clifton Building 2661 Executive Center Circle		Tallahassee, Florida 32314			

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.

Na	ame of the limited liability company:	LC			
(a)	4950 38th Ave N	(b) 4950 38th Ave N			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33710	_	St. Peters	sburg, FL 33710	
					
	November 3,2011		L1100012		
	Date of filing/registration in Florida	4.		Document number	
(a)					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	:	
	1449 Deer Creek Drive				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	Į		
	Englewood	34223			
(1.)	Richard Calvin Carroll				
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	4950 38th Ave N				
	NEW Registered Office Address:	<u>,</u>			
	St. Petersburg	22710			
	St. Fetersburg , FL	33710			
e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regise ability constitution of the limited l	stered office ompany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
ovisi e obl merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.	ree to act perform d for in (hereby co	in this capa unce of my a Chapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accep .F.S. Or, if this document is being filed he limited liability company has been	
gnatu	re of Registered Agent /				

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. N	ame of the limited liability company: SOLARIDY I	LLC							
2. (a)	4950 38th Ave N	1	(h	4950 3	8th Ave N	1			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	,,	Mailing addı	ress of limi			
	St. Petersburg, FL 33710			St. Pet	ersburg, F	L 3371	0		
	· · · · · · · · · · · · · · · · · · ·								
	November 3,2011			L110001	125224				
3.	Date of filing/registration in Florida	4	•		Documer	nt numbe	r		
5. (a)	Steven Alan Craig								
· (-,	Registered Agent and Registered Office shown on the records o	f the Fl	orida	a Dept. of St	ate:				
	1449 Deer Creek Drive								
	Registered Office Address (MUST BE FLORIDA STREET	ADDI	ESS	<u> </u>					
				-		<u> </u>			
	Englewood . F	L 342	23				,	6 маү з	
(b)	Richard Calvin Carroll					デッ (5) 1 (7) 1		' 3	
()	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	e ad	dress:	_	177 <u>-</u>	<u>.</u>	1	
	4950 38th Ave N				E ORD		7: 4:	n i est es	
	NEW Registered Office Address:			· · · · ·		©;	••	~~	
	Ct. Determine			·	_				
	St. Petersburg	_L 337	10						
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the liabili of the e limi	regi ty co lin ted	stered offi ompany, it nited liabil	ce and the last is hereby contains the last compan ompany.	business confirme	off d th	ice o at th	f the registered e change(s)
Sign	ature of a member or authorized representative of a member	•			Printed or	typed nam	e of	f signe	ee
the ob to mer	eby accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, and in writing of this change.	gree to le perf led for I here	orm in (by c	t in this ca ance of m Chapter 60 onfirm tha	ipacity. I fu y duties, an 05, F.S. Or it the limite	urther ag d I am fa r, if this a d liabilit	ree imii loci y ci	to co liar v umen ompa	omply with the with and accept t is being filed iny has been
Signat	Many C. Convelled								

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