

L120VVU12664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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JUN 13 2012  
EXAMINER



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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERFECT TOUCH CLEANING SERVICES 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:

Patricia F Meisenhelter

Name of Person

The Bottom Line Tax Service Inc

Firm/Company

6352 Cypress Gardens Blvd

Address

Winter Haven, FL 33884

City/State and Zip Code

taxlady33884@yahoo.com

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

For further information concerning this matter, please call:

Patricia Meisenhelter

Name of Person

at ( 863 )

324-2900

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

**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: PERFECT TOUCH CLEANING SERVICES LLC

2. (a) Principal office address of limited liability company: 5021 FAIRMONT RD

(Note: MUST BE STREET ADDRESS)

LAKE WALES, FL 33898

(b) Mailing address of limited liability company: 5021 FAIRMONT RD

(Note: MAY BE POST OFFICE BOX)

LAKE WALES, FL 33898

01/26/12

3. Date of filing/registration in Florida

L12000012664

4. Document number

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

Registered Agent:

ACCURATE ACCOUNTING SOLUTION

Registered Office Address:

134 EAST MAIN ST  
DUNDEE, FL 33838

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

NEW Registered Agent:

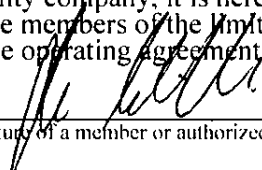
Patricia F Meisenhelter

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

THE BOTTOM LINE TAX SERVICE INC  
6352 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884

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

JOHN SCHNEIDER

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 the 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**