

L12000092296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

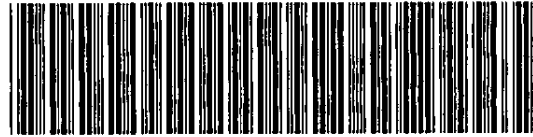
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13 MAR 26 PM 1:09
SEC. OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A 2 Z PROPERTY MAINTENANCE 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:

LAURIE A. BRANCH

Name of Person

A2Z PROPERTY MAINTENANCE LLC

Firm/Company

2301 BARRATT CT.

Address

ST. CLOUD, FL 34771

City/State and Zip Code

Lbranch4@yahoo.com

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

For further information concerning this matter, please call:

Laurie A. Branch

Name of Person

at (407) 201-9446

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2013

LAURIE A. BRANCH
2301 BARRATT COURT
ST CLOUD, FL 34771

SUBJECT: A2Z PROPERTY MAINTENANCE LLC
Ref. Number: L12000092296

We have received your document for A2Z PROPERTY MAINTENANCE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 813A00000062

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: A2Z PROPERTY MAINTENANCE LLC.

2. (a) Principal office address of limited liability company: 2301 BARRATT CT.
(Note: **MUST BE STREET ADDRESS**) ST. CLOUD, FL. 34771

(b) Mailing address of limited liability company: 2301 BARRATT CT.
(Note: **MAY BE POST OFFICE BOX**) ST. CLOUD, FL 34771

7/17/2012

L12000092296

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: UNITED STATES CORPORATIONS AGENTS, INC.

Registered Office Address: 13302 WINDING OAK COURT
A
TAMPA, FL 33612 US

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

NEW Registered Agent: Laurie A. Branch

NEW Registered Office Address: 2301 BARRATT CT.
(**MUST BE FLORIDA STREET ADDRESS**) SAINT CLOUD, FL 34771

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.

Laurie A. Branch
Signature of a member or authorized representative of a member

Laurie A. Branch
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.

Laurie A. Branch
Signature of Registered Agent

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

FILED
JUL 26 PM 1:09
TALLAHASSEE
STATE
FLORIDA