

L12000098248 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

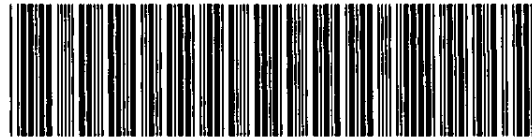
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300241505493

11/13/12--01011--022 **55.00

FILED
12 NOV 13 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 15 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dependable Cuts L.L.C.
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:

Mark George

Name of Person

Dependable Cuts L.L.C.

Firm/Company

360 Marginal Rd.

Address

West Palm Beach, FL 33411

City/State and Zip Code

markg@dm-landscaping.com

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

For further information concerning this matter, please call:

Mark George

Name of Person

at (561) 215-3680

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

FILED
12 NOV 13 PM 4:16
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: Dependable Cuts L.L.C.

2. (a) Principal office address of limited liability company: 360 Marginal Rd
West Palm Beach, FL 33411
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: PO Box 3926
Boynton Beach, FL 33424
(Note: MAY BE POST OFFICE BOX)

07/31/2012

L12000098248

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:

Dale Jasko

Registered Office Address:

3374 NW 27TH TERRACE
Boca Raton, FL 33434

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

NEW Registered Agent:

Mark George

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

360 Marginal Rd.

West Palm Beach, FL 33411

FILED
12/10/13 PM 4:16
TALLAHASSEE, FLORIDA

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

MARK GEORGE
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.

Signature of Registered Agent

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

FILING FEE: \$25.00