

L12000 142 080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

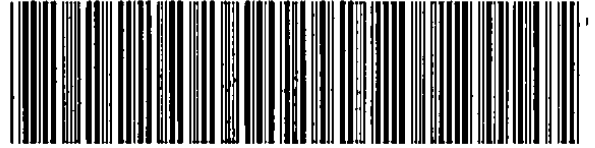
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19 OCT 22 AM 9:12
OFFICE OF STATE
CORPORATIONS

LLC
NO
CHANGE

DC

10/24/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2019

GREG HICKEY
17950 MONTEVERDE DR
SPRING HILL, FL 34610

SUBJECT: CAPITAL CONTRACTING GROUP, LLC
Ref. Number: L12000142080

We have received your document for CAPITAL CONTRACTING GROUP, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In order to change the registered agent or the registered agent's address you must put that in section B.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 119A00018181

2019 OCT 22 PM 12:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL CONTRACTING GROUP, 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:

GREG HICKEY
Name of Person

CAPITAL CONTRACTING GROUP, LLC
Firm/Company

17950 MONTEVERDE DR
Address

SPRING HILL, FL 34610
City/State and Zip Code

8101371@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG HICKEY at (727) 810-1371
Name of Person 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 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. Name of the limited liability company: CAPITAL CONTRACTING GROUP, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

17950 MONTEVERDE DR
SPRING HILL, FL 34610

SAME AS
PRINCIPAL ADDRESS

3. 11/9/2012 4. L12000142080
Date of filing/registration in Florida Document number

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

GREG HICKEY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
12646 Saulston Place
Hudson FL 34669

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

17950 MONTEVERDE DR
NEW Registered Office Address
SPRING HILL
SPRING HILL FL 34610

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

GREG HICKEY
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 605, 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

19 OCT 22 AM 9:12
DIVISION OF CORPORATIONS