

L130000/0350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

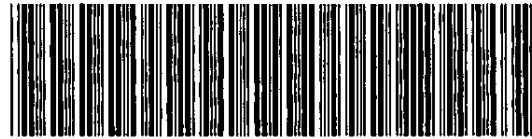
(Business Entity Name)

(Document Number)

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2013 JUN 25 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 26 2013  
J. BRYAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2013

DENISE ROOS  
TREE SKIRT COMPANY LLC  
5860 NW ADGER CT  
PORT ST LUCIE, FL 34986

SUBJECT: TREE SKIRT COMPANY LLC  
Ref. Number: L13000010350

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2013 JUN 25 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TREE SKIRT COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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.

Joey Bryan  
Regulatory Specialist II

Letter Number: 113A00014987

6-22-13

Thank you for your help.  
Denise

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TREE SKIRT COMPANY 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:

DENISE ROOS

Name of Person

TREE SKIRT COMPANY LLC

Firm/Company

5860 NW ADGER CT

Address

PORT ST LUCIE FL 34986

City/State and Zip Code

TREE SKIRT COMPANY @ YAHOO.COM

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

For further information concerning this matter, please call:

DENISE ROOS

Name of Person

at ( 772 ) 631.7245

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

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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: TREE SKIRT COMPANY LLC

2. (a) Principal office address of limited liability company: 5860 NW ADGER CT  
PORT ST LUCIE, FL  
34986  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: SAME  
(Note: **MAY BE POST OFFICE BOX**)

1-23-2013  
3. Date of filing/registration in Florida

46-1838794  
4. Document number L13000010350

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

Registered Agent: UNITED STATES CORPORATION AGENTS, INC

Registered Office Address: 13302 WINDING OAK CT, # A  
TAMPA, FL 33612

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

**NEW** Registered Agent: DENISE ROOS

**NEW** Registered Office Address: 5860 NW ADGER CT  
PORT ST LUCIE, FL 34986  
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Denise Roos  
Signature of a member or authorized representative of a member

DENISE ROOS  
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.

Denise Roos  
Signature of Registered Agent

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

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JUN 25 PM 3:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE