

U13 0000 18737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

JOSEPH LEFLORE
1331 CORDOVA AVE
FT MYERS, FL 33901

SUBJECT: T.O.P GLASS SOLUTIONS, LLC
Ref. Number: L13000018737

We have received your document for T.O.P GLASS SOLUTIONS, 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):

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

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00001635

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOP GLASS SOLUTIONS 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:

JOSEPH LEFLORE
Name of Person

TOP GLASS SOLUTIONS LLC
Firm/Company

1331 CORDOVA AVE
Address

FT. MYERS, FL 33901
City/State and Zip Code

j261eflore@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE LEFLORE at (239) 464-4691
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, 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: TOP GLASS SOLUTIONS LLC

2. (a) Principal office address of limited liability company: 1331 CORDOVA AVE
(Note: **MUST BE STREET ADDRESS**) FT. MYERS, FL 33901

(b) Mailing address of limited liability company: 1331 CORDOVA AVE
(Note: **MAY BE POST OFFICE BOX**) FT. MYERS, FL 33901

02-20-2013
3. Date of filing/registration in Florida

L13000018737
4. Document number

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

Registered Agent: JOSEPH LEFLORE

Registered Office Address: 1331 CORDOVA AVE
FT. MYERS, FL 33901

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

NEW Registered Agent: HAROLD ELIE

NEW Registered Office Address: 1704 MARGATE BLVD
(**MUST BE FLORIDA STREET ADDRESS**) LEHIGH ACRES
FL 33936

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.

Joe LeFlore
Signature of a member or authorized representative of a member

JOSEPH LEFLORE
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.

Harold Elie
Signature of Registered Agent

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

FILING FEE: \$25.00