

L13000090685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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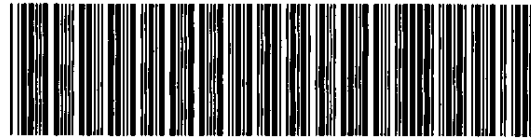
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** True Image Landscape Services, LLC  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** L13000090685

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Richard Angulo  
Contact Person

True Image Landscape Services, LLC  
Firm/Company

511 NW 85th Way  
Address

Pembroke Pines, FL 33024  
City, State and Zip Code

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

For further information concerning this matter, please call:

Richard Angulo at (954) 330-3652  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. True Image Landscape Services, LLC  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/21/13 3. 613000090685  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Daniel Shirah  
Name

7271 Branch St.  
Address

Hollywood, FL 33024  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Brittany Angulo  
Name

511 New 85th Way  
Florida street address (P.O. Box not acceptable)

Pembroke Pines FL 33024  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*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.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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