

L130000093799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SELECT HOME SERVICES 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:

DONALD LILLESVE

(Name of Person)

SELECT HOME SERVICES LLC

(Firm/Company)

5202 S. LOGWOOD RIDGE RD

(Address)

SARASOTA FL 34231

(City/State and Zip Code)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DONALD LILLESVE

(Name of Person)

at ( 941 ) 302-9217

(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 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: SELECT HOME SERVICES LLC

2. (a) Principal office address of limited liability company: 5202 S. LOCKWOOD RIDGE RD  
(Note: **MUST BE STREET ADDRESS**) SARASOTA FL 34231

(b) Mailing address of limited liability company: 5202 S. LOCKWOOD RIDGE RD.  
(Note: **MAY BE POST OFFICE BOX**) SARASOTA FL 34231

6-28-14  
3. Date of filing/registration in Florida

L13000093799  
4. Document number

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

Registered Agent:

SPIEGEL & UTRERA, P.A.

Registered Office Address:

1840 SOUTHWEST 22ND ST.

4TH FLOOR

MIAMI FL 33145

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

**NEW** Registered Agent:

Ted PARKER

**NEW** Registered Office Address:

1800 2nd Street, Ste 819

(**MUST BE FLORIDA STREET ADDRESS**)

SARASOTA FL 34236

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.

Donald Lillesve  
(Signature of a member or authorized representative of a member)

DONALD LILLESVE  
(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]  
(Signature of Registered Agent)

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

FILING FEE: \$25.00