

L/3000142503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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JANUARY 1, 1997

LLC

RECHANGE

5-5-15

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2015

RONALD WRIGHT
TROPICAL LAWN & PEST CONTROL, LLC
5935 SR 542 WEST
WINTER HAVEN, FL 33880

SUBJECT: TROPICAL LAWN & PEST CONTROL, LLC
Ref. Number: L13000142503

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED LIABILITY LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 315A00006632

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Lawn + Pest Control, 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:

Bon Wright
Name of Person

Tropical Lawn + Pest Control, LLC
Firm/Company

5935 SR 542, W
Address

Winter Haven, FL 33880
City/State and Zip Code

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

For further information concerning this matter, please call:

Bon Wright at (863) 287-3348
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