L1300016395Y

(Re	questor's Name)	<u></u>			
(Ad	dress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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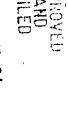
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SECRETARY OF STATE TAIL AHASSEE, FLORID





COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Lawn Care By Hugh Langford LLC						
Name of Limited Liability Company							
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.				
Please	return all correspondence concerning the	is matter to the	e following:				
Hugh	n Langford						
	Name of Person						
Lawr	Care By Hugh Langford LLC						
	Firm/Company	,	_				
6156	Brabrook Ave.						
	Address		- 				
Gran	t, FL. 32949						
	City/State and Zip Code		and and				
hdl87	707@comcast.net						
Ī	E-mail address: (to be used for future ann	ual report noti	fication)				
For fu	rther information concerning this matter,	please call:					
Hugh	Langford	321	626-8718				
	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	R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314				
	Enclosed is a check for the following amount:						
•	☑ \$25 Filing Fee	- 5	555 Filing Fee & Certified Copy				
INHS1	8 (2/14)						



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DEFARTMENT OF STATE DEFISION OF CORPORATIONS TALLAMASSES FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2014

HUGH LANGFORD 6156 BRABROOK AVE GRANT, FL 32949

SUBJECT: LAWN CARE BY HUGH LANGFORD LLC

Ref. Number: L13000163954

We have received your document for LAWN CARE BY HUGH LANGFORD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new principal address and mailing address are not complete.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 214A00016025

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: Lawn Care By	/ Hugh	Langford	LLC				
2. (a)	13305 Pocaland Rd. Pocaland, Suita # 241 E	FL (b)	13305	Roseland F	Rd. Suite	#241 Rc	sela	nd
2 . (2)	Principal office address of limited liability company:	(°,	/ 	Mailing address	s of limited lia	ability comp	any:	_
	(Note: MUST BE STREET ADDRESS)	rt-			BE POST O			
	13305 Roseland Rd. Suite	_24/		305 Re				Svit
	Roseland, FL, 32957		Rose	land, F	-L. 3,	2957	7	
	07/09/2014							
3.	Date of filing/registration in Florida	4.	 	Document i	number			
5. (a)	Hugh Langford							
()	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	te:				
	6156 Brabrook Ave. Grant, Fl. 32949							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	_				
	, FL_			-		5	_	
(b)	Hugh Laugford					SECRE LLA	4 AUG	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	iress:	_		TAR'	<u></u>	
	100 Main St. Cohootion El 22059					RY SEE		
	109 Main St. Sebastian, FL. 32958			_		70,0	PM	0
	NEW Registered Office Address:						<u>15</u>	
						TATE ORIDA	<u> </u>	
	, FL_	·						
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia rere, authorized by an affirmative vote of the members of tigles of organization or the operating agreement of the l	the regisability co	tered office mpany, it ited liabili	ce and the bus is hereby con ty company o	siness offic ifirmed that	e of the ret	egister ge(s)	•
Ø	Just O-Konstord	Huç	jh D. Lar	ngford				
Sign	alung of a member or authorized representative of a member			Printed or typ	ed name of si	ignee	,	
provis the ob to mei	eby accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elly reflect a change in the registered office address, I held in writing of this change.	ee to act perform I for in C iereby co	in this cap ince of my chapter 60 infirm that	pacity. I furti duties, and I 5, F.S. Or, ij t the limited I	her agree to I am familid I this docun iability con	o comply t ar with an tent is bei npany has	with the daccing files been	he ept ed
Signal	ury of Registered Agent /							