

L14000093033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

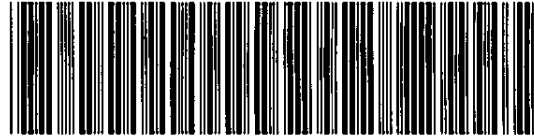
(Business Entity Name)

(Document Number)

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2014 AUG 14 PM 1:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

DR
8/14/14

*00789, 00611, 00524, 00671

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA CITYWIDE SERVICES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000093033

The enclosed *change* of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAGDA OPITZ

Name of Person

AAA CITYWIDE SERVICES

Name of Firm/Company

15152 HERON HIDEAWAY CIRCLE

Address

WINTERGARDEN FL. 34787

City/State and Zip Code

WOPITZ@YMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGDA OPITZ

Name of Person

at (318) 286-0073

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2014

Magda Opitz
AAA Citywide Services
15152 Heron Hideaway Circle
Winter Garden, FL 34787

SUBJECT: AAA CITYWIDE SERVICES LLC
Ref. Number: L14000093033

We have received your document for AAA CITYWIDE SERVICES LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please include the new registered agent's address in section B

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 414A00016553

RECEIVED
14 AUG 14 PM 1:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: AAA CITYWIDE SERVICES LLC

2. (a) 15152 HERON HIDEAWAY CIRCLE, (b) 15152 HERON HIDEAWAY CIRCLE,

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

WINTER GARDEN, FL. 34787

WINTER GARDEN, FL. 34787

JUNE 9, 2014

L14000093033

3. Date of filing/registration in Florida

4. Document number

5. (a) WILLIAM OPITZ - MGR

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

15152 HERON HIDEAWAY CIRCLE,

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WINTER GARDEN,

FL 34787

(b) MAGDA OPITZ

Enter name of NEW Registered Agent and/or NEW Registered Office address:

No change of ADDRESS
NEW Registered Office Address:

FL

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.

William Opitz
Signature of a member or authorized representative of a member

William Opitz
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 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.

X
Signature of Registered Agent