

L14 000103519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

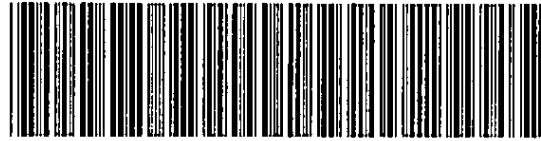
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN 24 AM 6:37
SECRETARY OF STATE
TALLAHASSEE, FL

JAN 26 2022



RECEIVED

2022 JAN 24 PM 2:11

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FL

January 12, 2022

CLARK STROETER
3525 35TH AVE NE
NAPLES, FL 34120

SUBJECT: DEFINITIVE PEST CONTROL LLC
Ref. Number: L14000103519

We have received your document for DEFINITIVE PEST CONTROL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 722A00000874

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Definitive 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:

Clark Stroeter
Name of Person

Firm/Company

3525 35th Ave NE.
Address

Naples FL 34120
City/State and Zip Code

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

For further information concerning this matter, please call:

Clark Stroeter at (239) 431-1851
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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: Definitive Pest Control LLC
2. (a) 3525 35th Ave NE. (b) 3525 35th Ave NE.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Naples FL 34120

Naples FL 34120

3. 6/27/2014 4. L14000103519
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 36
Orlando, FL 32822

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

3525 35th Ave NE.
NEW Registered Office Address:

Naples, FL 34120

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.

[Signature]
Signature of a member or authorized representative of a member

Clark Stroeter
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.

[Signature]
Signature of Registered Agent

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