

L14 000 157860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

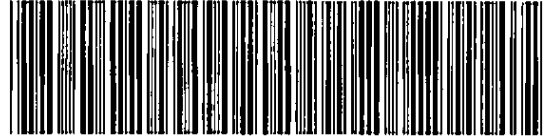
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 14 PM 2:01
SECTION OF STATE
TALLAHASSEE, FLORIDA

SEP - 1 2022
S. PRATHEP

Cross M Business Solutions, Inc.
(An affiliate of McKown and Company, PA, CPA)

154 N. Bridge St. LaBelle, FL 33935
P.O. Box 159, LaBelle, Florida 33975

steve@cpamckown.com
(863) 599-0868 Telephone

amy@cpamckown.com
(863) 638-5069 Facsimile

Thursday, June 9, 2022

Florida Department of State
Registration Section // Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Registered Agent Changes

Dear Florida Department of State,

Please find enclosed check number 10005 for \$100.00. Please allocate the payment as follows:

A+ Environmental Restoration LLC	L14000157860	\$25.00
Shadrack-Shoal LLC	L19000199976	\$25.00
Smart Sod LLC	L22000096111	\$25.00
Other Side Sod LLC	L03000045100	\$25.00

You will also find enclosed a **Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company** for the four (4) LLCs listed above. Each of the four (4) companies listed above are changing their Registered Agent to our company.

Should you have any questions, please call.

Sincerely,


Steve A. McKown, CPA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+ Environmental Restoration 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:

Steve A. McKown

Name of Person

Cross M Business Solutions, Inc.

Firm/Company

154 N Bridge St

Address

LaBelle, FL 33935

City/State and Zip Code

steve@cpanckown.com

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

For further information concerning this matter, please call:

Steve A. McKown

at (863) 599-0868

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: A1 Environmental Restoration LLC

2. (a) <u>4346 SW Hull Ave, Arcadia, FL 34269</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>4346 SW Hull Ave</u> <u>Arcadia, FL 34269</u>	(b) <u>4346 SW Hull Ave, Arcadia, FL 34269</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>4346 SW Hull Ave</u> <u>Arcadia, FL 34269</u>
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3. <u>10/09/2014</u> Date of filing/registration in Florida	4. <u>L14000157860</u> Document number
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5. (a) DERISO, JORDAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Deriso, Jordan

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
4346 SW Hull Ave
Arcadia, FL 34269

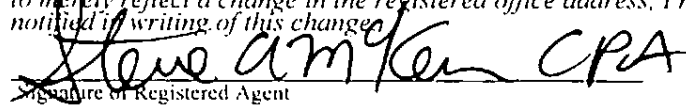
(b) CROSS M BUSINESS SOLUTIONS, INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Cross M Business Solutions, Inc. (Attn: Steve A. McKown)
NEW Registered Office Address:
154 N. Bridge St
LaBelle, FL 33935

FILED
2022 JUN 14 PM 2:02
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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 of a member or authorized representative of a member	Jordan Deriso _____ Printed or typed name of signee
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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 of Registered Agent