

2150000 44108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2015

AARON SHIKLES
145 SE 17TH ST
CAPE CORAL, FL 33990

SUBJECT: ALL CLEAR POOL SERVICE AND REPAIR LLC.
Ref. Number: L15000044108

We have received your document for ALL CLEAR POOL SERVICE AND REPAIR 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00018545

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Clear Pool Service and Repair, LLC
Name of Corporation

DOCUMENT NUMBER: L15000044108

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Shikles
Name of Contact Person

ALL Clear Pool Service + Repair, LLC
Firm/Company

145 Se. 17th Street
Address

Cape Coral FL, 33990
City/State and Zip Code

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

For further information concerning this matter, please call:

Aaron Shikles at (239) 395-3000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: All Clear Pool Service and Repair, LLC

2. (a) _____
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

145 SE 17th St
Cape Coral FL, 33990

(b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

145 SE 17th St
Cape Coral FL, 33990

3. 2/27/2015
Date of filing/registration in Florida

4. L15000044108
Document number

5. (a) Callie Shikles
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Callie Shikles
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13170 Bella Casa Circle #397
Fort Myers, FL 33966

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

Aaron Shikles
NEW Registered Office Address:
145 SE 17th St. Cape Coral FL, 33990
Cape Coral, FL 33990

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.

Callie Shikles
Signature of a member or authorized representative of a member

Aaron Shikles
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.

Callie Shikles
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00