

L15000045469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

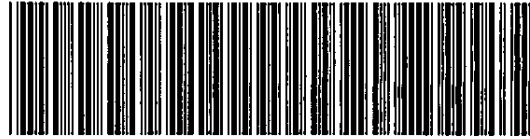
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L15-45469

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15 OCT 27 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABBA'S TREE SERVICE 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:

MICHAEL A KLOPP
Name of Person

THE COCONUT DOCTOR
Firm/Company

13605 NE 1ST STREET RD
Address

SILVER SPRINGS, FL 34488
City/State and Zip Code

COCONUTDOC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A KLOPP at (352) 843-4120
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

MAILING ADDRESS:

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

Enclosed is a check for the following amount: COPY OF PAYMENT ATTACHED

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2015

MICHAEL A. KLOPP
THE COCONUT DOCTOR
136 NE 1ST STREET ROAD
SILVER SPRINGS, FL 34488

SUBJECT: ABBA'S TREE SERVICES LLC
Ref. Number: L15000045469

We have received your document for ABBA'S TREE SERVICES 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 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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 815A00021233



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2015

MICHAEL A. KLOPP **2ND MAILING**
THE COCONUT DOCTOR
13605 NE 1ST STREET ROAD
SILVER SPRINGS, FL 34488

SUBJECT: ABBA'S TREE SERVICES LLC
Ref. Number: L15000045469

We have received your document for ABBA'S TREE SERVICES 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 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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 815A00021233

**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: ABBAS TREE SERVICE LLC
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 13595 NE 1ST ST RD 13595 NE 1ST ST. RD
SILVER SPRINGS, FL 34488 SILVER SPRINGS, FL 34488
3. MARCH 12, 2015 4. L15000045469
Date of filing/registration in Florida Document number
5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2711 CENTERVILLE RD WILMINGTON DE 19808 CORP. ADDRESS
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 HAYS STREET FL. ADDRESS
TALLAHASSEE, FL 32301
- (b) MICHAEL A. KLOPP
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
13605 NE 1ST STREET RD
NEW Registered Office Address:
SILVER SPRINGS, FL 34488

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TALLAHASSEE, FLORIDA

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.

Linda S. Klopp
Signature of a member or authorized representative of a member

LINDA S. KLOPP
Printed or typed name of signee

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.

MAKLOPP
Signature of Registered Agent