

LI5000063774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

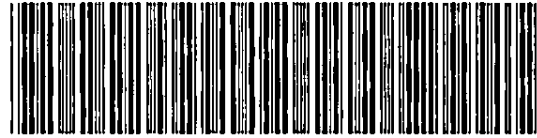
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

11/ - 8

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2018

BETH A. PETER
CDP LANDSCAPING LLC
1185 ACADEMY DRIVE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: CDP LANDSCAPING LLC
Ref. Number: L15000063774

We have received your document for CDP LANDSCAPING LLC and your check(s) totaling \$25.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 518A00020581

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDP Landscaping 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:

Beth A. Peter
Name of Person

CDP Landscaping LLC
Firm/Company

1185 Academy Drive
Address

Altamonte Springs FL 32714
City/State and Zip Code

cdog2304@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth A. Peter at (407) 416 8586
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:

☒ \$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: CDP Landscaping 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)

1185 Academy Dr.
Altamonte Springs FL 32714

Same

215 0000 023774

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) Beth A. Peter
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1185 Academy Dr
Altamonte Springs FL 32714

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

Christopher D. Peter II
NEW Registered Office Address:

1185 Academy Dr

Altamonte Springs FL 32714

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.

Beth A. Peter
Signature of a member or authorized representative of a member

Beth A. Peter
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.

Chris Peter II
Signature of Registered Agent

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

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TALLAHASSEE, FL