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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Extreme Lean Largets, 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:			
David Bryan Name of Person			
Atreme Clean Largets, LLC Firm/Company			
2145w 1274h St. Address			
Neuberry, FL 32669 City/State and Zip Code			
Shelb floriage and AOL. Con E-mail address: To be used for future annual report notification)			
For further information concerning this matter, please call:			
David Bryan at (352) 745-2025 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: Xtrem e	Llean Largets, LLC
2. (a) 24 Sw /274h St. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 2 4 SL 127th St. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Muberry, FL. 32669	
3. Date of filing/registration in Florida	4. Document number
5. (a) Shelley Flanapan Registered Agent and Registered Office shown on the records of	of the Florida Dent of State:
25650 W Weebeccy Ro Registered Office Address (MUST BE FLORIDA STREET)	/
Hewberry ,FL	121 TANK
Enter name of NEW Registered Agent and/or NEW Registered 24 St. 127+h St. NEW Registered Office Address:	ed Office address: Fig. A. Company of the company
Newberry, FI	1.32669
agent will be identical. Or, in the case of a Florida limited li	of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
	gree to act in this capacity. I further agree to comply with the le performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been