

L15000206943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

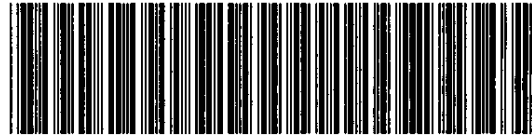
(Business Entity Name)

(Document Number)

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17 MAY -2 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

MAY - 3 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2017

MICHAEL FULLER  
6799 GLENBROOK DR  
LAKELAND, FL 33811

SUBJECT: COMPLETE FLORIDA SERVICE LLC  
Ref. Number: L15000206943

We have received your document for COMPLETE FLORIDA SERVICE 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):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 817A00007248

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Complete Florida 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 Fuller  
Name of Person

Complete Florida Service LLC  
Firm/Company

6799 Glenbrook DR  
Address

Lakeland FL 33811  
City/State and Zip Code

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

For further information concerning this matter, please call: Mike Fuller

Michael Fuller at (863) 450-7158  
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: Complete Florida 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**)

6799 Glenbrook Dr 6799 Glenbrook Dr  
Lakeland FL 33811 Lakeland FL 33811

3. 12/11/2015 4. L15000206943  
Date of filing/registration in Florida Document number

5. (a) Florida Registered Agent LLC Incorp Service Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3030 N Rocky Point Dr  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 17888 67th Court North  
3030 N Rocky Point Dr  
Tampa Loxahatchee, FL 33607 33470

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17 MAY -2 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Florida Registered Agent LLC  
3030 N Rocky Point Dr Suite 150A  
NEW Registered Office Address:  
3030 N Rocky Point Dr Suite 150A  
Tampa, FL 33607

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.

Michael Fuller Michael Fuller  
Signature of a member or authorized representative of a member 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.

Bill Have  
Signature of Registered Agent