L/600012750

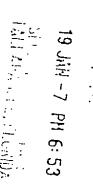
(Requestor's Name)						
(A.1.4)						
(Address)						
(Address)						
·	,					
(City	/State/Zip/Phone #	/)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
		;				
Sich						

Office Use Only



600321387496

12105118--01018--003 **25.00



LIS 8 MAL



December 12, 2018

RESIDENTIAL CONTRACTING SOLUTIONS LLC KEVIN S MCCARTY 10610 HARTZOG RD. POLK CITY, FL 33868

SUBJECT: RESIDENTIAL CONTRACTING SOLUTIONS LLC

Ref. Number: L16000012750

We have received your document for RESIDENTIAL CONTRACTING SOLUTIONS 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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 718A00025531

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER . . .

TO: Registration Section Division of Corporations					
SUBJECT: Residential Contracting Solutions 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:					
Kevin S. McCarty Name of Person					
Residential Contracting Solutions LCC Firm/Company					
10410 Hartzog Rd. Address					
Polk City/FLorida 33868 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kevin macarty at (863) 440-4670 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 \$\square\$ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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. N	ame of the limited liability company: Resident	-ia/ (Contracting S	Stutions LLC
	10610 Hartzog Rd.		10610 Ha	trog Rd
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	of limited liability company: BE POST OFFICE BOX)
	Paik City FC 33868		Polk Cin	1FL 33868
				/
		-		
_	Date of filing/registration in Florida	. <u> </u>	L16000	012750
3.	~	4.	Document nu	ımber
5. (a	Registered Agent and Registered Office shown white records of the	ne Florida I	<u>CLA) Up</u> Dept. of State:	
	moto Harrow Rd. 211 A		·	
	Registered Office Address (MUST BE FLORIDA STREET A			
	Polic City			- - - - - - - - - - -
	WINTER HAVEN ,FL	338 1	33830	JAN 11
(h)	Kevin Mccarry			-7
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :	P P
	10610 Harrage Rd.			ි ග
	NEW Registered Office Address:		 	10 A
	PolkCity			
	7	220	. 6	
	, FL_	<u> </u>	<u>98</u>	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registe bility com the limite imited lia	ered office and the busing pany, it is hereby confi ed liability company or bility company.	ness office of the registered rmed that the change(s) as otherwise provided in
Sign	atuse of a member or authorized by resentative of a member		Kevin Me Printed or type	I name of signee
provis the ob to mei	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address, I h d in writing of this change.	e to act in performan for in Ch ereby con	n this capacity. I furthe ace of my duties, and I a apter 605, F.S. Or, if the firm that the limited lia	r agree to comply with the m familiar with and accept his document is being filed bility company has been

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