

LN6 0000 32872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

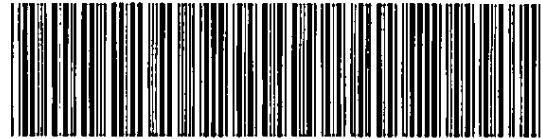
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 FEB 10 AM 9:12

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FEB 11 2020  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEPTIC INSPECTIONS ONLY, 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:

PAUL L CARROLL

\_\_\_\_\_  
Name of Person

SEPTIC INSPECTIONS ONLY, LLC

\_\_\_\_\_  
Firm/Company

5341 NW CONLEY DRIVE

\_\_\_\_\_  
Address

PORT SAINT LUCIE, FL 34986

\_\_\_\_\_  
City/State and Zip Code

septicinspectionsoffice@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA BARRICK

\_\_\_\_\_  
Name of Person

252

642-3446

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2020

PAUL L. CARROLL  
5341 NW CONLEY DRIVE  
PORT SAINT LUCIE, FL 34986

SUBJECT: SEPTIC INSPECTIONS ONLY, LLC  
Ref. Number: L16000032872

We have received your document for SEPTIC INSPECTIONS ONLY, 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 document must also contain the address of the registered agent which must be at a Florida street address.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 520A00001117

2020 FEB 10 PM 12:12

**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: SEPTIC INSPECTIONS ONLY, LLC

2. (a) 5341 NW CONLEY DRIVE (b) 5341 NW CONLEY DRIVE

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

PORT SAINT LUCIE, FL 34986

PORT SAINT LUCIE, FL 34986

12/05/2019

L16000032872

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

5. (a) CARROLL, PAUL L

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

5341 NW CONLEY DRIVE

PORT SAINT LUCIE, FL 34986

(b) JAMES A SLAY

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5341 N.W. CONLEY DRIVE

**NEW** Registered Office Address:

PORT SAINT LUCIE, FL 34986

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.

Paul L. Carroll (1)

PAUL L CARROLL

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.*

James A. Slay  
Signature of Registered Agent

FILED  
2020 FEB 10 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA