

LP000053082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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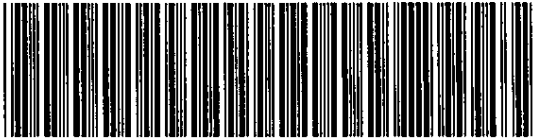
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2017 FEB 13 PM 4:06

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Precast & Gardening Depot 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:

Clayre Salazar

Name of Person

Precast & Gardening Depot LLC

Firm/Company

2529 Tohope Blvd

Address

Kissimmee, FL 34741

City/State and Zip Code

jodaro15@hotmail.com

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

For further information concerning this matter, please call:

Clayre Salazar

Name of Person

407-433-6619

at ( )

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

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**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: Precast & Gardening Depot LLC
2. (a) 257 Indian Point Cir Kissimmee, FL 34746 (b) PO Box 420324 Kissimmee, FL 34742  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 03/14/2016 Date of filing/registration in Florida 4. L16000052082 Document number

5. (a) Clayre Salazar  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2529 Tohope Blvd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Kissimmee, FL 34741

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

NEW Registered Office Address:  
257 Indian Point Circle

Kissimmee, FL 34746

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.

Clayre Salazar  
Signature of a member or authorized representative of a member

Clayre Salazar  
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.*

Clayre Salazar  
Signature of Registered Agent

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