1600064250

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						
	_					

95





900284682979

04/21/16--01027--005 **25.00

FILED

TO MAY 12 PH 4: 06

SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

41 2:32

April 25, 2016

CJ'S SLIDING DOOR REPAIR, LLC 7920 22ND AVE. W. BRADENTON, FL 34209 US

SUBJECT: CJ'S SLIDING DOOR REPAIR, LLC

Ref. Number: L16000064250

We have received your document for CJ'S SLIDING DOOR REPAIR, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 016A00008425

TO MAY 12 PM 4: 06
SECRETARY OF STATE
TALLAMASSEE FLORINA

COVER LETTER

Division of Corporations	
CJ's Sliding Door Repair, LL	LC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Craig Baier	
Name of Person	
Cj's Sliding Door Repair, LLC	
Firm/Company	TALL
7920 22nd Ave W	
Address	AY 12 PH TJANT OF S HASSEE, FI
Bradenton, FL 34209	CF STATE CF STATE CF STATE CF STATE
City/State and Zip Code	RDY O
Craig@cjsslidingdoorrepair.com	
E-mail address: (to be used for future annu	nual report notification)
For further information concerning this matter,	, please call:
Craig Baier	239 738-8708
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	g amount:
△ \$25 Filing Fee	☐ \$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. Na	ame of the limited liability company: CJ's Sliding L	JOOF K	er	·		
2. (a)	7920 22nd Ave W Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b)		_	V ss of limited liability company: Y BE POST OFFICE BOX
	Bradenton, FL 34209	_		Bradent	on, FL 34	209
	03/31/16	_	L	_160000	64250	
3.	Date of filing/registration in Florida	4.			Document	number
5. (a)	United States Corporation Agents, Inc					
27 (u)	Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court A			Dept. of Stat	- e: -	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDKES</u>	<u> </u>			
	Tampa , FL	33612	2		-	d
(b)	Craig Baier				_	F TO MAY SECRETA ALLAHA
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>dd</u>	ress:		ILE 12 SSEE,
	NEW Registered Office Address:				-	
	7920 22nd Ave W			· · · ·	_	₩ 07
	Bradenton , FI	34209	9		_	
the cha agent was/w the art Signa I here provisi the ob- to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the attree of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	f the reg ability of of the lin limited	gist cor mi l li	ered offic npany, it i ted liabilit ability cor	e and the bits hereby company mpany. Printed or to	usiness office of the registered on firmed that the change(s) or as otherwise provided in