

L160000734 27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

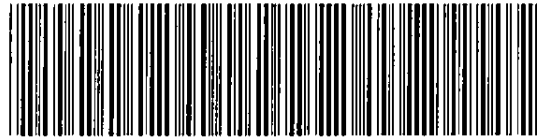
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

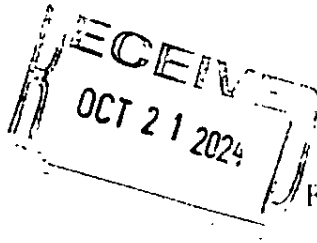
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08/26/24--01027--002 **35.00

2024 OCT 21 AM 8:03
RECEIVED
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2024

CHERLY GREAVES
1545 SE TALBROOK CT
PORT ST LUCIE, FL 34952

SUBJECT: AAWARDCLEAN LLC
Ref. Number: L16000073427

We have received your document for AAWARDCLEAN 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 LIMITED PARTNERSHIP, but your entity is a FLORIDA 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) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 824A00019705

2024 OCT 1 AM 8:08
RECEIVED
TALLAHASSEE
STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AA WARD CLEAN 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:

Cheryl P Greaves
Name of Person

AAward Clean LLC
Firm/Company

1545 SE Talbrook Ct
Address

Port St Lucie FL 34952
City/State and Zip Code

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

For further information concerning this matter, please call:

Cheryl P Greaves at (772) 281 - 7280
Name of Person 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

2024 OCT 21 AM 8:08
SECRETION/STATE
TALLAHASSEE, FL

**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: AAWARD CLEAN LLC
2. (a) 1545 SE TALBROOK CT (b) 1545 SE TALBROOK CT

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Port St Lucie, FL 34952

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

~~1545 SE TALBROOK CT~~
Port St Lucie FL 34952

3. 4/13/2016 Date of filing/registration in Florida
4. L16000073427 Document number

5. (a) CHERYL P GREAVES DEJOIE

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

1545 SE TALBROOK CT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Port St Lucie, FL 34952

- (b) CHERYL P GREAVES

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

1545 SE TALBROOK CT

NEW Registered Office Address:

Port St Lucie, FL 34952

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.

Cheryl P Greaves
Signature of a member or authorized representative of a member

CHERYL P GREAVES
Printed or typed name of signer

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.

Cheryl P Greaves
Signature of Registered Agent

2021 OCT 21 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FL