

L16000190754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

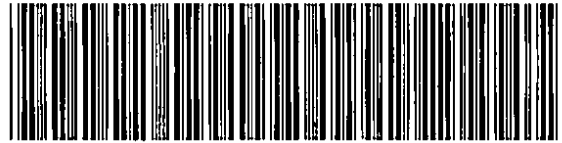
(Business Entity Name)

(Document Number)

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2020 JUL 13 AM 8:05  
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TALLAHASSEE  
JUL 13 2020  
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D. BRUCE  
AUG 23 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXTREME EXTRACTION AND DECONTAMINATION 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:

MICHAEL TAAFFE

Name of Person

EXTREME EXTRACTION AND DECONTAMINATION LLC

Firm/Company

4917 S ORANGE AVE

Address

ORLANDO, FL 32806

City/State and Zip Code

michael@extremeeandd.com

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

For further information concerning this matter, please call:

MICHAEL TAAFFE at (407) 873-3663  
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

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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: EXTREME EXTRACTION AND DECONTAMINATION LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

830 N. JOHN YOUNG PKWY

4917 S ORANGE AVE

KISSIMMEE, FL 34741

ORLANDO, FL 32806

10/14/2016

L16000190754

3. 10/14/2016 Date of filing/registration in Florida 4. L16000190754 Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

MICHAEL TAAFFE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1426 SIMPSON RD. SUITE 129

KISSIMMEE, FL 34744

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(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

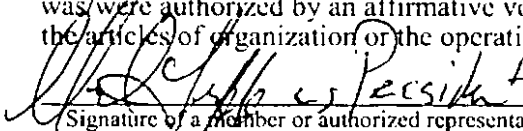
MICHAEL TAAFFE

**NEW** Registered Office Address:

4917 S ORANGE AVE

ORLANDO, FL 32806

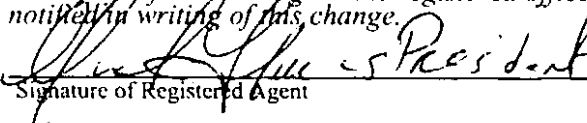
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
Signature of a member or authorized representative of a member

MICHAEL TAAFFE

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.*

  
Signature of Registered Agent