

L17000057745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

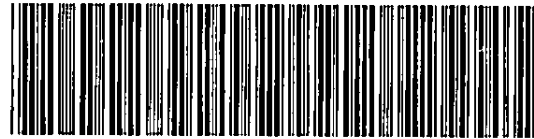
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/20

Office Use Only



300370971743

FILED

2021 SEP 20 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/23/2021
YH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 20 AM 11:34

August 23, 2021

KIM FULLER
P.O. BOX 15173
PANAMA CITY, FL 32406 US

SUBJECT: EMERALD COAST COMPLETE "FULL SERVICE LANDSCAPING",
LLC
Ref. Number: L17000057745

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 321A00020178

COVER LETTER

TO: Registration Section
Division of Corporations

Emerald Coast Complete Full Service Landscaping, LLC

SUBJECT: _____
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:

Kim Fuller

Name of Person

Emerald Coast Complete Full Service Landscaping, LLC

Firm/Company

PO Box 15173

Address

Panama City FL 32406

City/State and Zip Code

eclandscaping@yahoo.com

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

For further information concerning this matter, please call:

Kim Fuller

850

276-5797

at (_____) _____

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

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.

Emerald Coast Complete Full Service Landscaping, LLC

1. Name of the limited liability company: _____

2709 W. 12th Street Panama City Fl. 32401

PO Box 15173 Panama City Fl. 32406

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)

03/13/2017

1.17000057745

3. _____ 4. _____

Date of filing/registration in Florida

Document number

Kim Fuller

5. (a) _____

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

2709 W. 12th Street Panama City Fl. 32401

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

Kim Fuller

(b) _____

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

3565 Jones Rd. Marianna Fl. 32448

NEW Registered Office Address:

_____, FL _____

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.

Kim Fuller
Signature of a member or authorized representative of a member

Kim Fuller
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.

Kim Fuller
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2021 SEP 20 PM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA