

L17000167685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

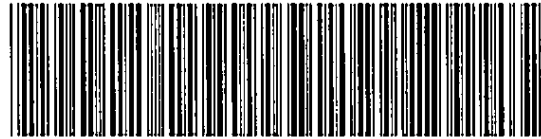
(Business Entity Name)

(Document Number)

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MAR 7 2018
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2018 MAR -7 PM 3:45

FILED

MAR 7 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roofcare of Central Florida 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:

Bany Melendez
Name of Person

Roofcare of Central Florida LLC
Firm/Company

5840 Red Bug Lake Rd. suite 1513
Address

Winter Springs, FL. 32708
City/State and Zip Code

deab16616@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bany Melendez at (407) 694-9836
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2018

BARY MELENDEZ
5840 RED BUG LAKE RD SUITE 1513
WINTER SPRINGS, FL 32708

SUBJECT: ROOF CARE OF CENTRAL FLORIDA LLC
Ref. Number: L17000167685

FILED
2018 MAR -7 PM 3:48
TALLAHASSEE, FLORIDA

We have received your document for ROOF CARE OF CENTRAL FLORIDA 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):

The registered agent must sign accepting the designation.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 218A00003201

RECEIVED
MAR 07 2018

**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: Rootcase of Central Florida LLC

2. (a) 5840 Rod Bug Lake Rd

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

WINTER SPRINGS, FL. 32708

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 2/8/2018
Date of filing/registration in Florida

4. L17000167685
Document number

5. (a) ERICKSON LEANDRY

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

5840 Rod Bug Lake Rd Suite 1513

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WINTER SPRINGS, FL., FL 32708

(b) Nelson Leandry

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

NEW Registered Office Address:

SAME

_____, 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.

Bary Melendez
Signature of a member or authorized representative of a member

Bary Melendez
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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00