

U9000222345

(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:

Office Use Only



000326014370

APR 30 2019

APPROVED
AND
FILED
2019 APR 30 PM 12:02
GOVERNMENT STAFF
TALAMON

T GLASS
MAY 01 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2019

MIGUEL ANDRES
525 NUNA AVE
FORT MYERS, FL 33905

SUBJECT: MIGUEL ANDRES LAWN SERVICE & LANDSCAPE LLC
Ref. Number: L18000222345

We have received your document for MIGUEL ANDRES LAWN SERVICE & LANDSCAPE 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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 919A00006140

SECRETARY OF STATE
DIVISION OF CORPORATIONS
1901 MIAMI AVENUE
TALLAHASSEE, FL 32399

2019 APR 30 PM 12:02

APPROVED
AND
FILED

RECEIVED

APR 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miguel Andres Lawn Service & Landscaping
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:

Miguel Andres
Name of Person

Miguel Andres Lawn Service & Landscaping
Firm/Company

525 Nuna Ave.
Address

Ft. Meigs, Fl. 33905
City/State and Zip Code

239andresm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Andres at (239) 245-3604
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

APPROVED
AND
FILED
2019 APR 30 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Miguel Andres Lawn Service & Landscaping

2. (a) 525 NUNO AVE. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
 (b) 525 NUNO AVE. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. December 2018 Date of filing/registration in Florida
 4. _____ Document number

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

525 NUNO AVE Fort Myers FL
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
 _____, FL 33905

(b) Francisco Felipe, Dolores
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

 _____, FL _____

APPROVED
 AND
 FILED
 2019 APR 30 PM 12:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

Miguel Andres Signature of a member or authorized representative of a member
Miguel Andres 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.

Miguel Andres / Dolores Francisco Felipe
 Signature of Registered Agent