

L190000 13270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

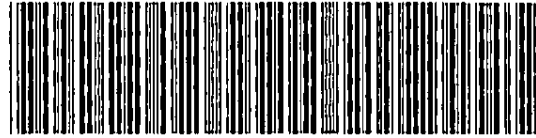
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 FEB 28 P 05

FILED

MAR 03 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Big Wave Restoration 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:

Paul Pfleiderer

Name of Person

Big Wave Restoration LLC

Firm/Company

4713 W. OKLAHOMA AVE

Address

Tampa, FL 33616

City/State and Zip Code

paul.pfleiderer@BigWaverestoration.com

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

For further information concerning this matter, please call:

Paul Pfleiderer

Name of Person

at ( 813 ) 244-9283

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

*Sent previous check  
\$ 35.00*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2019

PAUL PFLEIDERER  
4713 W OAKLAHOMA AVE  
TAMPA, FL 33616

SUBJECT: BIG WAVE RESTORATION LLC  
Ref. Number: L19000013270

We have received your document for BIG WAVE RESTORATION 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):

This is a LLC the document you sent in is for a Corporation.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 919A00002536

RECEIVED

2019 MAR -1 AM 11:42

SECRET  
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: Big Wave Restoration LLC
2. (a) 4713 W OKLAHOMA Ave (b) 4713 W OKLAHOMA AVE  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
TAMPA, FL 33616 Tampa, FL 33616
3. 01-11-2019 4. L19000013270  
Date of filing/registration in Florida Document number
5. (a) United States Corporation Agents, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING OAK COURT A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tampa, FL 33616  
Tampa, FL 33616
- (b) Paul Pfleiderer  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
4713 W. OKLAHOMA Ave  
NEW Registered Office Address:  
Tampa, FL 33616

FILED  
2018 FEB 28 P 2 36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Paul Pfl Paul Pfleiderer  
Signature of a member or authorized representative of a member 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.

Paul Pfl  
Signature of Registered Agent