

L20 000064016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

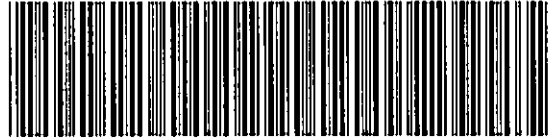
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NO\$

Office Use Only

709. 6.14.



900342285459

06/22/20--01008--004 \*\*25.00

2020 JUN 22 AM 10:40

C. GOLDEN

JUN 23 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hitts Top Quality Tree & Lawn 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:

Heather Hitts  
Name of Person

Hitts Top Quality Tree & Lawn LLC  
Firm/Company

37919 Pine St  
Address

Dade city FL 33525  
City/State and Zip Code

Heatherhitts33@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Hitts at (813) 638-3996  
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



FLORIDA DEPARTMENT OF STATE 2020 JUN 05 15:55  
Division of Corporations

June 5, 2020

HEATHER HITT  
37919 PINE STREET  
DADE CITY, FL 33525

SUBJECT: HITT TOP QUALITY TREES & LAWN LLC  
Ref. Number: L20000064016

We have received your document for HITT TOP QUALITY TREES & LAWN LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 920A00011168

**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: Hitts Top Quality Trees & Lawn 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**)

37919 Pine Street  
Dade city 71, 33525

3. 02/26/2020 4. 220000064016  
Date of filing/registration in Florida Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

HITTS, HEATHER M  
37919 PINE ST  
DADE CITY, FL 33525

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

Roger Richardson  
**NEW Registered Office Address:**  
37919 Pine St Dade city  
FL 33525

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.

Heather Hitts  
Signature of a member or authorized representative of a member

Heather Hitts  
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.*

Roger Richardson  
Signature of Registered Agent