

L23000107044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

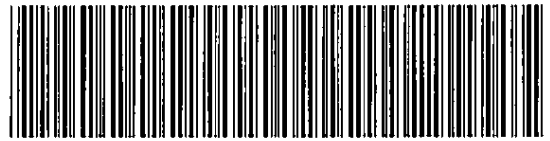
(Document Number)

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

Special Instructions to Filing Officer:

08/09/23

Office Use Only



100408952101

05/18/23--01013--025 \*\*35.00

S. CHATHAM  
AUG 25 2023

2023 AUG -9 AM 11:18  
015.119



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2023

RANDY LARKOWSKI  
2687 ST. JOSEPH'S DR. E  
DUNDIN, FL 34698 US

SUBJECT: LEFT COAST INSPECTIONS, LLC  
Ref. Number: L23000107044

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 723A00016332

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Left Coast Inspections 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:

Randy Larkowski  
Name of Person

Left Coast Inspections LLC  
Firm/Company

5323 S. Russell St E  
Address

Tampa FL 33611  
City/State and Zip Code

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

For further information concerning this matter, please call:

Randy Larkowski at ( 813 ) 857-5611  
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.

1. Name of the limited liability company: Left Coast Inspections LLC

2. (a) Randy Larkowski (b) Randy Larkowski

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

5323 S. Russell St  
Tampa FL 33611

5323 S. Russell St  
Tampa FL 33611

3. 02/28/2023  
Date of filing/registration in Florida

4. L23000107044  
Document number

5. (a) United States Corporation Agents, Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 Riverside Ave  
Jacksonville, FL 32202

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

5323 S. Russell St  
**NEW Registered Office Address:**

Tampa, FL 33611

2023 JUN -9 AM 11:18

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.

B. Larkowski  
Signature of a member or authorized representative of a member

Randy Larkowski  
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.

B. Larkowski  
Signature of Registered Agent