

L24 0000 85448



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

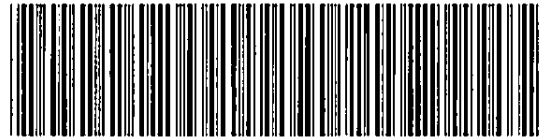
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 JUN 18 PM 12:16
U.S. DISTRICT COURT
MIDDLESEX COUNTY
JULY 18 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miller's Mastery Cleaning Services 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:

Anna F Miller

Name of Person

Miller's Mastery Cleaning Services

Firm/Company

5875 Lake worth RD

Address

Greenacres Florida 33463

City/State and Zip Code

info@millersmasterycleaning.com

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

For further information concerning this matter, please call:

Anna F Miller

301 980-5153
at ()

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: Miller's Mastery Cleaning Services LLC
2. (a) Miller's Mastery Cleaning Services (b) Miller's Mastery Cleaning Services
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
5875 Lake Worth RD 5875 Lake Worth RD
Greenacres Florida 33463 Greenacres Florida 33463
- 02/19/2024 1.24000085448
3. Date of filing/registration in Florida 4. Document number
5. (a) Anna F Miller
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
10346 Polo Lake Drive W
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Wellington, FL 33414
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Anna F Miller
NEW Registered Office Address:
5875 Lake Worth RD
Greenacres, FL 33463

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.

Anna F. Miller
Signature of a member or authorized representative of a member

Anna F. Miller

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.

Anna F. Miller
Signature of Registered Agent

FILED
2024 JUN 18 PM 12:16
REG. CLERK OF STATE
TALLAHASSEE, FL