

M01000001378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

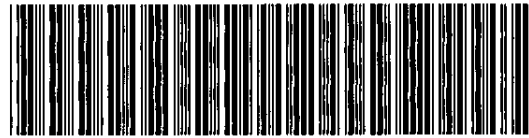
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

APR 23 2012

EXAMINER

LAW OFFICES OF
HERVEY P. LEVIN MBA, JD
SUITE 115
6918 BLUE MESA
DALLAS, TEXAS 75252
hervey@airmail.net

FAX (972) 733-3269

TELEPHONE (972) 733-3242

April 9, 2012

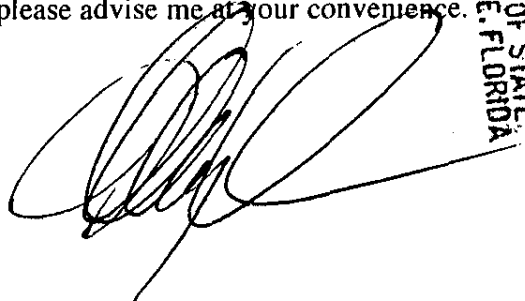
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: LIAT PAINTING & CONSTRUCTION GP, LLC

Enclosed please find duplicate originals of the *Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company* for the above entity along with the Cover Letter.

Please file one and return one, file stamped, to me in the enclosed pre-addressed envelope.

Enclosed is my check in the amount of \$25.00 to cover the filing fee. Should you have any questions concerning the enclosed documents, please advise me at your convenience.



Hervey P. Levin

HPL/pkt

Enclosures

pc: Liat Painting & Construction GP, LLC, w/enclosure

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIAT PAINTING & CONSTRUCTION GP, 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:

Hervey P. Levin

Name of Person

Law Offices of Hervey P. Levin

Firm/Company

6918 Blue Mesa Drive, Suite 115

Address

Dallas, Texas 75252

City/State and Zip Code

hervey@airmail.net

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

For further information concerning this matter, please call:

Hervey P. Levin

Name of Person

at (972) 733-3242

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: LIAT PAINTING & CONSTRUCTION GP, LLC

2. (a) Principal office address of limited liability company: 4505 Ratliff Lane, #100

(Note: MUST BE STREET ADDRESS)

Addison, Texas 75001

(b) Mailing address of limited liability company:

4505 Ratliff Lane, #100

(Note: MAY BE POST OFFICE BOX)

Addison, Texas 75001

06/19/2001

3. Date of filing/registration in Florida

M01000001378

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

Arianne Levin Cox

Registered Office Address:

316 NE 11th Avenue

Ft. Lauderdale, FL 33301

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

617 NE 9th Avenue #2

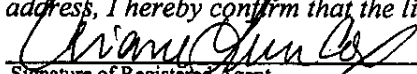
Ft. Lauderdale 33304
,FL

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.


Signature of a member or authorized representative of a member

Danny Kreugel
Printed or typed name of signer

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 608, 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.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00