

M0900000 1646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

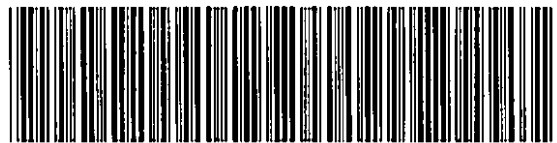
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Per. Nancy Achilles and del RA. edelers 8-30-18

Office Use Only



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08/06/18--01020--004 **25.00

FILED
2018 AUG 28 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FL

U.S.
8-30-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2018

NANCY ACHILLES
3600 BEE CAVE RD #201
AUSTIN, TX 78758 US

SUBJECT: LUSA ORLANDO, LLC
Ref. Number: M09000001646

We have received your document for LUSA ORLANDO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 318A00016765



FLORIDA DEPARTMENT OF STATE
CORPORATIONS
State Records
Box 6327
Tallahassee, Florida 32314


ADDRESS SERVICE
REQUESTED

JAX FL DSA 54



\$ 000.42⁴

2018 AUG 28 PM 11:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUSA Orlando 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:

Nancy Achilles
Name of Person

LUSA Orlando, LLC
Firm/Company

3600 Bee Cave Rd #201
Address

Austin, TX 78758
City/State and Zip Code

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

For further information concerning this matter, please call:

Nancy Achilles at (512) 621-6770
Name of Person 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

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: LUSA Orlando LLC
2. (a) LUSA Orlando, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3115 37th St.
Orlando, FL 32839
- (b) LUSA Orlando, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3600 Bee Cave Rd #201
Austin TX 78758
3. 4/28/2009
Date of filing/registration in Florida
4. M109000001646
Document number
5. (a) LUSA Holdings, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3115 37th St.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Orlando, FL 32839
- (b) Daniel Stagg
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3115 37th St
NEW Registered Office Address:
Orlando, FL 32839

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]
Signature of a member or authorized representative of a member

SPYER F. CARLTON
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 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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2018 AUG 28 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FL