

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**M2400002937**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000120011 3)))



H240001200113ABCL

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I20050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2024 APR -2 PM 12:21

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 APR -2 PM 12:52

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUN PLUMBING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON  
APR -2 2024



April 2, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUN PLUMBING SERVICES, LLC  
400 N. ASHLEY DRIVE, SUITE 900  
TAMPA, FL 33602US

SUBJECT: SUN PLUMBING SERVICES, LLC  
REF: M24000002937

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H24000120011  
Letter Number: 024A00007010

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUN PLUMBING SERVICES, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO  
Name of Person

CONTRACTORS REPORTING SERVICE INC  
Firm/Company

13795 N NEBRASKA AVE  
Address

TAMPA, FL 33613  
City/State and Zip Code

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

For further information concerning this matter, please call:

ROMAN ALBANO at ( 813 ) 932-5244  
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SUN PLUMBING SERVICES, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address) \_\_\_\_\_  
MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address) \_\_\_\_\_  
MAY BE A POST OFFICE BOX) \_\_\_\_\_

2. The Florida document number of this limited liability company is: M24000002937

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/06/2024

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AP,P</u>	<u>JOHNSON, TYRONE</u>	<u>400 N. ASHLEY DRIVE, SUITE 900</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Remove
<u>AP,VP</u>	<u>GAVELEK, BRAD</u>	<u>400 N. ASHLEY DRIVE, SUITE 900</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33602</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>CASCADE RESIDENTIAL SERVICES LLC</u>	<u>2021 MCKINNEY AVENUE, SUITE 1200</u>	<input checked="" type="checkbox"/> Add
		<u>DALLAS, TX 75201</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>LYONS, TRAVIS D</u>	<u>400 N. ASHLEY DRIVE, SUITE 900</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL 33602</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:  
TRAVIS DEWILYME LYONS  
 Signature of the authorized representative

TRAVIS D LYONS  
 Typed or printed name of signee

FILED  
 2024 APR -2 11:12:52  
 Add  
 Remove