

L05000024885

(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:

A. LUNT

MAY 11 2010

EXAMINER

Office Use Only



600199820856

03/31/11--01024--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -9 PM 1:38

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2011

DAVID B. AVANT
7884 LOLA CIR.
NAVARRE, FL 32566

SUBJECT: A.G.S., LLC.
Ref. Number: L05000024885

We have received your document for A.G.S., 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 711A00008049

April 22, 2011

Florida Department of Revenue

ATTN: Agnes Lunt

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Dear Ms. Lunt,

I recently submitted a reinstatement of the A.G.S. LLC along with a name change amendment. Along with the documents I submitted two separate payments. The payments were: One payment of \$655.00 for the Re-instatement and another \$25.00 for the amendment fee. According to someone at your office my paperwork must have gotten separated in the mail room and the Re-instatement was not successful since the name A.G.S. LLC name was no longer available and our name change amendment went to another specialist in your office. I have included all the proper paperwork and returned letters in this package to ensure you have all the information needed to continue. Please note that both payments were already made. If you have further questions, I can be reached at (850) 939-0277.

Thank you,

A handwritten signature in black ink, appearing to read "David B. Avant", with a stylized flourish at the end.

David B. Avant

Reference: L05000024885

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.G.S. LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID B. AVANT
Name of Person

Firm/Company

7884 LOLA CIR
Address

NAVARRE FL 32566
City/State and Zip Code

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -9 PM 1:33

FILED

For further information concerning this matter, please call:

DAVID B AVANT at (850) 939-0277
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A.G.S. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/11/2005 and assigned
Florida document number L05000024885

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CESSNA 210LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7884 LOLA CIR

NAVARRE FL 32566

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7884 LOLA CIR

NAVARRE FL 32566

B. If amending the registered agent and/or registered office 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:

DAVID B. AVANT

New Registered Office Address:

7884 LOLA CIR,

Enter Florida street address

NAVARRE

City

, Florida

32566

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 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.

David B. Avant
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID B. AVANT	7884 LOLA CIR NAVARRE FL 32566	☒ Add ☐ Remove
MGR	KEITH N. SEVERNS	1414 BELLE VISTA DR. ORLANDO FL 32809	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JAN. 28, 2011.

David B. Avant
Signature of a member or authorized representative of a member

DAVID B. AVANT
Typed or printed name of signee