

L10000035557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

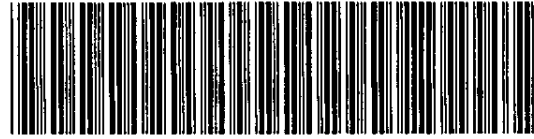
LI-35557

(Document Number)

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2013 OCT - 8 AM 7: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2013

MARTIN DELLOCA  
3350 S. STATE ROAD 7  
MIRAMA, FL 33023

SUBJECT: GROUPCAR, LLC  
Ref. Number: L10000035557

We have received your document for GROUPCAR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 213A00020823

Attn. Neysa

10/7/13

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Groupcar 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:

Martin Dell'Oca  
Name of Person

Groupcar, LLC  
Firm/Company

1110 Brickell Ave Suite 800  
Address

Miami, FL 33131  
City/State and Zip Code

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

For further information concerning this matter, please call:

Martin Dell'Oca at (305) 607-3493  
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 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: GROUPCAR, LLC

2. (a) Principal office address of limited liability company: 3350 S. State Rd 7  
Miramar, FL 33023  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 3350 S. State Rd 7  
Miramar, FL 33023  
**(Note: MAY BE POST OFFICE BOX)**

4/1/2010  
3. Date of filing/registration in Florida

L1000003555  
4. Document number

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

Registered Agent: ATLAS, MARK ESQ

Registered Office Address: GOLDSMITH + ATLAS PA  
9350 S. Dixie Hwy #930  
Miami, FL 33156

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

**NEW Registered Agent:** Martin Delloce

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** 1110 Brickell Ave  
Suite 800  
Miami, FL 33131

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.

Martin Delloce  
Signature of a member or authorized representative of a member

Martin Delloce  
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 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.

Martin Delloce  
Signature of Registered Agent

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

FILED

OCT-8 AM 7:51  
DIVISION OF STATE  
CORPORATIONS  
FLORIDA