

m1300000959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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LCRACHg

APR 13 2015

R. WHITE

RECEIVED  
15 APR - 7 PM 2:41 15 APR - 7 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2015

FLORIDA FILING & SEARCH  
WALK IN  
TALLAHASSEE, FL

SUBJECT: GROUPCARS MANAGEMENT, LLC  
Ref. Number: M13000000959

We have received your document for GROUPCARS MANAGEMENT, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The form you submitted is for a Corporation, but your entity is a Foreign limited liability company. 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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 315A00006970

RECEIVED  
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DIVISION OF CORPORATIONS  
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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 4/10/15**

**NAME: GROUPCARS MANAGEMENT, LLC**

**TYPE OF FILING: CHANGE OF AGENT**

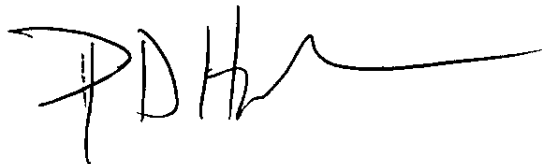
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**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GroupCars Management, 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:

Denise Annunciata

Name of Person

Virtual Paralegal Services

Firm/Company

281 Pleasant Street

Address

Framingham, MA 01701

City/State and Zip Code

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

For further information concerning this matter, please call:

Denise Annunciata at ( 508 ) 405-1943  
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: GroupCars Management, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

13825 Sunrise Valley Drive # 150:

same

Herndon VA 20171

2/13/2013

M13000000959

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporate Creations Network, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11380 Prosperity Farms Road, #221E

Palm Beach Gardens, FL 33410

(b) National Registered Agents, Inc.

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

1200 South Pine Island Road

NEW Registered Office Address:

Plantation, FL 33324

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.

Lane Blumenfeld  
Signature of a member or authorized representative of a member

Lane Blumenfeld, Chief Legal Officer  
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 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.*

Doreen Annunziata, Asst. Sec.  
Signature of Registered Agent

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