

A05000001649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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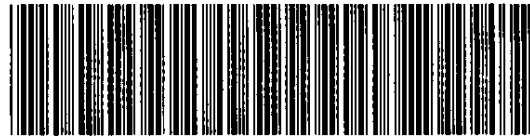
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA
TALLAHASSEE, FLORIDA

C. LEWIS

AUG - 6 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PANAMA CITY AUTO GROUP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000001649

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRIAN D. MELTON

Contact Person

SHACKELFORD, MELTON & MCKINLEY, LLP

Firm/Company

3333 LEE PARKWAY, 10TH FLOOR

Address

DALLAS, TX. 75219

City, State and Zip Code

BMELTON@SHACKLAW.NET

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

For further information concerning this matter, please call:

KAY HICKMAN

Name of Contact Person

at (214)

780-1400

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PANAMA CITY AUTO GROUP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 8-25-2005 3. A05000001649
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DAREN L. SHIPPY
Name
2548 BLAIRSTONE PINES DR.
Address
TALLAHASSEE, FL. 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

JIMMY CLEVELAND
Name
704-708 W. 15TH ST.
Florida street address (P.O. Box not acceptable)
PANAMA CITY FL 32401
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

John R. Eagle
Printed or typed name and title

[Signature] General Partner Authorized Rep.
Signature of an officer or General Partner Authorized Rep.

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

If signing on behalf of an entity:

7/26/10
Date

Jimmy Cleveland \$35.00
\$52.50

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