

L02 000021326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

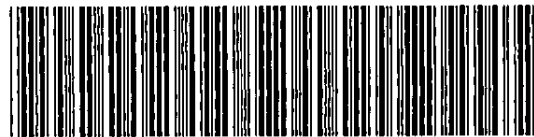
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 23 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2012

MICHAEL SPELLMAN
SNIFFEN & SPELLMAN
123 NORTH MONROE STREET
TALLAHASSEE, FL 32301

SUBJECT: BOBBIN TRACE AUTOMOTIVE, L.L.C.
Ref. Number: L02000021326

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 OCT 22 AM 10:33
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for BOBBIN TRACE AUTOMOTIVE, L.L.C. 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.

The registered agent must sign accepting the designation.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 612A00023074

FILED
2012 OCT 22 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bobbin Trace Automotive, 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:

Michael P. Spellman

Name of Person

Sniffen & Spellman, P.A.

Firm/Company

123 North Monroe Street

Address

Tallahassee, Florida 32301

City/State and Zip Code

mspellman@sniffenlaw.com

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

For further information concerning this matter, please call:

Michael P. Spellman
Name of Person

at (850)

205-1996
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

Call when
Ready

2012 OCT 22 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Bobbin Trace Automotive, LLC

1. Name of the limited liability company: _____

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

3800 West Tennessee Street
Tallahassee, Florida 32304

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

3800 West Tennessee Street
Tallahassee, Florida 32304

8/20/02

L02000021326

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Coppins Monroe Adkins Dincman, P.A.

Registered Office Address:

1319 Thomaswood Drive
Tallahassee, Florida 32301

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

NEW Registered Agent:

Sniffen & Spellman, P.A.

NEW Registered Office Address:

123 North Monroe Street

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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.

Signature of a member or authorized representative of a member

Printed or typed name of signee, Robert L. Akers, Sr., Managing Member

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.

Signature of Registered Agent

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

FILING FEE: \$25.00