

L03000022987

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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J. BRYAN

JUL 22 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arbogas Enterprises, 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:

Sheila Biehl
(Name of Person)

Sheila Biehl, P.A.
(Firm/Company)

406 SW Seventh Street
(Address)

Stuart, Florida 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheila Biehl, P.A. at (772) 223-5353
(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

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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: Arbogas Enterprises, LLC

2. (a) Principal office address of limited liability company: 9418 Bunting Lane
(Note: **MUST BE STREET ADDRESS**) Fort Pierce, FL 34951

(b) Mailing address of limited liability company: 925 Oak Glen Manor Ct.
(Note: **MAY BE POST OFFICE BOX**) St. Louis Mo. 63122

07/01/2003

3. Date of filing/registration in Florida

L03000022987

4. Document number

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

Registered Agent: Robert Hargis

Registered Office Address: 6051 Carlton Rd.
Port St. Lucie, FL 34987

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

NEW Registered Agent: John Reeves

NEW Registered Office Address: 406 SW Seventh Street
(**MUST BE FLORIDA STREET ADDRESS**) Stuart, Florida 34994, FL

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.

Sheila Biehl P.A. Representative
(Signature of a member or authorized representative of a member)

Sheila Biehl, P.A.
(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.

(Signature of Registered Agent)

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

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