W4000033982

00789-WU14-00611-00671

(Requestor's Name)
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Jose R. Oliva 7512 W 20th Ave Apt 101 Hialeah FL 33016
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Bookine)
Certified Copies Certificates of Status
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WY-33982
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 14, 2004

JOSE R. OLIVA 7512 W 20TH AVE. APT. 101 HIALEAH, FL 33016

SUBJECT: BARBAROTE'S TIRE SEVICE, LLC

Ref. Number: L04000033982

We have received your document for BARBAROTE'S TIRE SEVICE, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6967.

Letter Number: 904A00044912

Michelle Hodges Document Specialist

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.

Service and the service of the servi
1. The name of the limited liability company is: BARBAROTE'S TIRE SEVICE, LLC.
2. The mailing address of the limited liability company is: 7512 W. 20th AUE # 101.
HIALEAH, FL 33016
HAY 4世, 2004
HAY 4TH, Z004 3. Date of filing/registration in Florida L040003398Z 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name
Name
Name Name Name Address
HIALEAH, FL 33018 City State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
Theresa Oliva DE No Name 7512 W 20TH AVE # 101
7512 W 20TH AVE # 101
TSIZ W ZOTH AVE # 101 Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable)
HIALEAH FL 33016 City, State and Zip
City, State and Zip
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)
Theresa OLiva (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 agent as performance of this 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

INHS18(10/99)