

L04000083303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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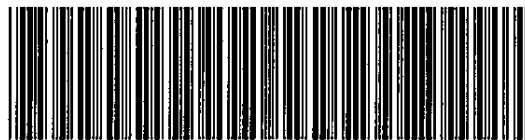
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
06 DEC 15 PM 1:20

S. BRYAN NOV 28 2006

J. BRYAN DEC 15 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2006

SUSAN VAN WAGNEN  
HIGHWAY COACH  
3747 COLORADO AVENUE  
SHEFFIELD VILLAGE, OH 44054

SUBJECT: HIGHWAY COACH FLORIDA LLC  
Ref. Number: L04000083303

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We have received your document for HIGHWAY COACH FLORIDA 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):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 606A00068480

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIGHWAY COACH FLORIDA 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:

SUSAN VAN WAGEN  
(Name of Person)

HIGHWAY COACH  
(Firm/Company)

3747 COLORADO AVE  
(Address)

Sheffield Village OH 44054  
(City/State and Zip Code)

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For further information concerning this matter, please call:

SUSAN VAN WAGEN at 440, 949-8123 x24  
(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 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. The name of the limited liability company is: HIGHWAY COACH FLORIDA LLC

2. The mailing address of the limited liability company is: 3747 COLORADO AVE.

Sheffield Village, OH 44054

11-10-04  
3. Date of filing/registration in Florida

L04000083303  
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:

CT Corporation System  
Name

1200 South Pine Island Rd  
Address

Plantation FL 33324  
City, State and Zip

6. The name and address of the new registered agent and/or office:

DONALD TERKELSEN  
Name

3206 CARGO ST.  
Florida street address (P.O. Box NOT acceptable)

Et Myers FL 33916  
City, State and Zip

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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]  
(Signature of a member or authorized representative of a member)

Kenneth R. Van Wageningen  
(Printed or typed name of signer)

*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]  
(Signature of Registered Agent)

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