L04000085049

(i	Requestor's Name)	
(Address)	
(Address)	<u></u>
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
(Document Number)	
Certified Copies	Certificates of s	Status
Special Instructions	to Filing Officer:	
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June 30, 2017

WALTER H BRYAN JR 503 ELLIS RD NORTH JACKSONVILLE, FL 32254

SUBJECT: WALT'S WRECKER SERVICE, LLC

Ref. Number: L04000085049

We have received your document for WALT'S WRECKER SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 617A00013328

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Walts Wrecker Service LLC				
Nam	e of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.		
Please return all correspondence concerning thi	s matter to the	e following:		
Walter H Bryan Jr				
Name of Person				
Walt's Wrecker Service LLC				
Firm/Company		_		
503 Ellis Rd North			LUAH	
Address			IASSI IASSI	بر مر ک
Jacksonville, FL 32254			m	
City/State and Zip Code			of STATE FLORIDA	
jennifer.johnson@waltsliveoakford.com			D~ `` u	D .
E-mail address: (to be used for future annual	ual report not	ification)		
For further information concerning this matter,	please call:			
Walter H Bryan Jr	904 at (613-7720		
Name of Person		Area Code & Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314		
Enclosed is a check for the following	amount:			
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	nme of the limited liability company: Walt's Wreck	er Serv	vice	LLC					
2. (a)	Walter H Bryan Jr	(b) Walter H Bryan Jr							
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(·, _	N	failing add (<u>Note: M</u>	lress of lin		-	
	1057 Morning Stroll Ln		F	O Box	6772				
	Jacksonville, FL 32221		J	ackson	ville, FL	. 3223	6		
	November 23, 2004		LC	0400008	5049				
3.	Date of filing/registration in Florida	4.			Docume	nt numb	er		
5. (a)	Perry Wrecker Service, Inc								
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	la De	ept. of State	:				
	c/o Walter H Bryan Jr								
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>'S)</u>						
	8310 Country Creek Boulevard								
	Jacksonville , FL	32221							
(b)	Perry Wrecker Service, LLC							=	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ddre	<u>ss</u> :			쏲		:: }
	Walter H Bryan Jr						TAKY ASSEI	(0	J
	NEW Registered Office Address:							2	
	1057 Morning Stroll Lane						S TA	Į.	Same?
	Jacksonville, FL	32221	l				©rr ≱	9	
the cha agent w was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regi ability c of the lin	iste com: mite lial	red office pany, it is d liability pility com	and the hereby of comparting the com	business confirme by or as o	s office of ed that the otherwis	of the ne cha se prov	registered inge(s)
Signa	ture of a member or authorized representative of member			Valte	Printed or	r typed na	me of sign	ee	-
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to ac perforn d for in hereby c	ct in nan Chi conj	this cape ce of my e apter 605 firm that i	ncity, I f luties, ar , F.S. O the limite	urther a 1d I am f r, if this ed liabili	gree to d amiliar docume ity comp	comply with a nt is b any h	y with the and accep peing filed as been