

L05000015385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 DEC - 8 AM 9:55

LLC RA/RO change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATM SYSTEMS OF CENTRAL FLOR. DA, 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:

PAUL A. HUDAK

Name of Person

ATM SYSTEMS OF central Florida LLC

Firm/Company

3152 Little rd. suite # 416

Address

Trinity, FL 34655

City/State and Zip Code

Phudak954@MSN.com

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

For further information concerning this matter, please call:

PAUL HUDAK

Name of Person

at (586) 322-3039

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2014

PAUL A HUDAK
ATM SYSTEMS OF CENTRAL FLORIDA LLC
3152 LITTLE ROAD, SUITE #416
TRINITY, FL 34655 US

SUBJECT: ATM SYSTEMS OF CENTRAL FLORIDA, LLC
Ref. Number: L05000015385

We have received your document for ATM SYSTEMS OF CENTRAL FLORIDA, 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):

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 714A00023802

RECEIVED
14 DEC -8 AM 11:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: ATM SYSTEMS OF CENTRAL FLORIDA, LLC.
2. (a) 3157 STONEWATER DR, LAKELAND, FL 33803 (b) 3157 STONEWATER DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

LAKELAND, FL 33803

3. FEBRUARY 15, 2005 4. L05000015385
Date of filing/registration in Florida Document number

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

3157 STONEWATER DR., LAKELAND, FL 33803
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

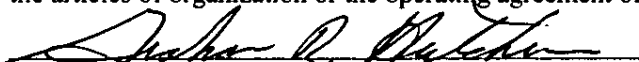
3157 STONEWATER DR.
LAKELAND, FL 33803

- (b) PAUL A. HUDAK
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3152 Little rd. # suite 416
NEW Registered Office Address:

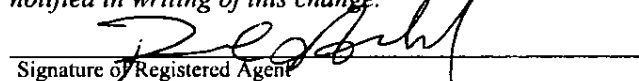
Trinity, FL 34655

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

GRAHAM R. HYTEHINS
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 605, 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC -8 AM 9:55