

L05000020985

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(City/State/Zip/Phone #)

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J. BRYAN  
APR 14 2006

J. BRYAN MAY - 9 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PWM Gages, 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:

Linda K. Marino

(Name of Person)

PWM Gages, LLC

(Firm/Company)

21300 MacArthur Blvd.

(Address)

Warren, Michigan 48089

(City/State and Zip Code)

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For further information concerning this matter, please call:

Linda Marino

(Name of Person)

at ( 586 ) 759-2400 x248

(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  
You Have our check.

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2006

LINDA MARINO  
PWM GAGES, LLC  
21300 MACARTHUR BLVD.  
WARREN, MI 48089

SUBJECT: PWM GAGES, LLC  
Ref. Number: L05000020985

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We have received your document for PWM GAGES, 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: 806A00025560

COPY



PWM GAGES, LLC.

PO Box 3755  
Centerline, MI 48015

Phone: 586-759-2400  
Fax: 586-759-2423

Email: [pwmllc@covad.net](mailto:pwmllc@covad.net)  
Website: [www.pmgages.com](http://www.pmgages.com)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY -5 PM 11:17

April 27, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Attn: Jocy Bryan – Document Specialist

RE: Letter 806A00025560 – Correct Form/Resubmitted

Dear Jocy,

Thank you, for your letter of April 14, 2006 notification of the wrong form for address change notification.

Please see the correct form completed and notify if incorrect. You have retained our check for the filing fee.

If you have any questions, please contact me at 800-528-9785. Until then,

Best regards,

  
Linda Martin  
PWM GAGES, LLC

Cc: file flastatecorp1.doc

Enclosures: Form INHS18, Cover Letter, Copy of original Forms

**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: PWM Gages, LLC
2. The mailing address of the limited liability company is : \_\_\_\_\_  
21300 MacArthur Blvd. Warren, MI 48089

3. Date of filing/registration in Florida March 1, 2005
4. Document number 105000020985

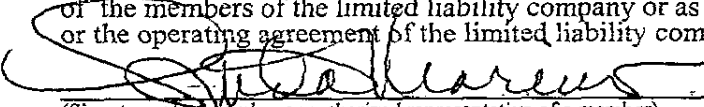
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Paul W. Marino  
Name  
501 Silver Lane  
Address  
Boca Raton, FL 33432  
City, State and Zip

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

Paul W. Marino  
Name  
550 S. Ocean Blvd. #2302  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton FL 33432  
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)

Linda Marino  
(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 of Registered Agent)

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

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DIVISION OF CORPORATIONS  
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