

105000049487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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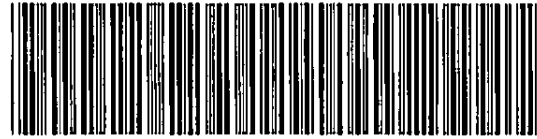
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
SEP 18 2017

KILLGORE, PEARLMAN, STAMP, DENIUS & SQUIRES, P.A.

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⁴ ALSO HOLDS AN LL.M. IN TAX LAW

Sender's email address:
msemanie@kpsds.com

September 13, 2017

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Via US Mail

Re: Change of Registered Agent

To Whom It May Concern:

Enclosed please find the statement of change of registered agent for Import Sales of Lake County, LLC d/b/a Bill Bryan Kia. Also, enclosed please find check number 13992 in the amount of \$25.00 representing the filing fees for the change of the registered agent for Import Sales of Lake County, LLC d/b/a Bill Bryan Kia.

Sincerely,



Michael A. Semanie

MAS/kly
Enclosures: As Noted.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Import Sales of Lake County, LLC ~~d/b/a Bill Bryan-Kie~~

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:

Michael A. Semanie

Name of Person

Killgore, Pearlman, Stamp, Denius, & Squires, P.A.

Firm/Company

2 South Orange Ave, 5th Floor

Address

Orlando, Florida 32801

City/State and Zip Code

msemanie@kpsds.com

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

For further information concerning this matter, please call:

Michael A. Semanie

Name of Person

at (407) 425-1020

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 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: Import Sales of Lake County, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

9039 US Hwy 441

Leesburg, FL 34788

05/18/2005

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

9039 US Hwy 441

Leesburg, FL 34788

L05000049487

3. 05/18/2005 Date of filing/registration in Florida

4. L05000049487 Document number

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

Mark L Ornstein

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2 South Orange Ave, 5th Floor

Orlando, FL 32801

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Michael A. Semanie

NEW Registered Office Address:

2 South Orange Ave, 5th Floor

Orlando, FL 32801

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

F. William Bryan

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]
Signature of Registered Agent

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

FILED
2011 SEP 15 PM 2:14
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS