

LO5000061096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08 OCT 20 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 20 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MainGate Rentals, LLC
(Name of Corporation)

DOCUMENT NUMBER: GO7184900287

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

steven williams
(Name of Contact Person)

MainGate Rentals, LLC
(Firm/Company)

7862 w irlo bronson hwy 315
(Address)

kissimmee, fl 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

steve williams at (407) 876 2191
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2008

STEVEN WILLIAMS
7862 W IRLO BRONSON HWY 315
KISSIMMEE, FL 34747

SUBJECT: MAINGATE RENTALS, LLC
Ref. Number: L05000061096

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MAINGATE RENTALS, 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):

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 708A00051898

**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. Name of the limited liability company: MAIN GATE RENTALS, LLC

2. (a) Principal office address of limited liability company: 6105 Masters Blvd
Orlando, FL 32819
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 7862 W. Trlb Bmsm Hwy
Ste 315
Kissimmee FL 34747
(Note: MAY BE POST OFFICE BOX)

6/20/05
3. Date of filing/registration in Florida

60505000060956
4. Document number

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

Registered Agent:

DICK Hansen

Registered Office Address:

9157 North Bay Blvd
Orlando FL 32819

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OCT 20 PM 1:15
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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

NEW Registered Agent:

Steven Williams

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

6105 Masters Blvd
Orlando, FL 32819

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.

Steven L. Williams
(Signature of a member or authorized representative of a member)

Steven L. Williams
(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 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.

Steven Williams
(Signature of Registered Agent)

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAIN GATE RENTALS, 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:

Steven Williams
(Name of Person)

(Firm/Company)

POB 1916
(Address)

Windermere FL 34786
(City/State and Zip Code)

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08 OCT 20 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Steven Williams at (407) 371 5421
(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