L06000036205

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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(Do	ocument Number)	, , , , , , , , , , , , , , , , , , ,
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SECRETARY OF STATE

D. BRUCE

MAY 18 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: PREMITE GARAGIE (Name of Corporation)
DOCUMENT NUMBER: 10600036205
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:
Scott House (Name of Contact Person)
Premier Company)
15712 SW 41st Street Sv. ta 6 (Address)
(Address) Davie Fr. 3333/ (City/State and Zip Code)
For further information concerning this matter, please call:
Scott House at (305) 490 1/14 (Name of Contact Person) (Area Code & Daytime Telephone Númber)

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

SECRETARY OF STATES. TALL AHASSEE, FLORION

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RECEIVED

TO:

Amendment Section



March 12, 2009

SCOTT HOUSE 15712 SW 41ST STREET, SUITE 6 DAVIE, FL 33331

SUBJECT: PREMIER GARAGE OF MIAMI-FT. LAUDERDALE, LLC

Ref. Number: L06000036205

We have received your document for PREMIER GARAGE OF MIAMI-FT. LAUDERDALE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 509A00008558

Deborah Bruce Regulatory Specialist II

> FILED 09MAY 15 PH 3: 07 FALLAHASSEE, FLORIDA

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:	PREMIER CARAGE MIAMI-FT.
2. (a) Principal office address of limited liabi (Note: MUST BE STREET ADDRE	
(b) Mailing address of limited liability con (Note: MAY BE POST OFFICE BO	
3. Date of filing/registration in Florida	L0 6000 36205 4. Document number
5. (a) Registered Agent and Registered Office	ce shown on the records of the Florida Dept. of State:
Registered Agent:	TEFFREY A. SARROW P.A
Registered Office Address:	SUITE 304 PLANTATION OF 33334
(b) Enter name of NEW Registered Agen	t and/or NEW Registered Office address:
NEW Registered Agent:	SCOTT HOUSE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADL	DAVIE ,FL 333381
that after the change or changes are made, the office of the registered agent will be identical hereby confirmed that the change(s) was/were	ed under the laws of the State of Florida, it is hereby confirmed Florida street address of the registered office and the business Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the
	\ \
(Printed or typed name of signce)	
comply with the provisions at all statutes relative	l agent and agree to act in this capacity. I further agree to live to the proper and complete performance of my duties, and I my position as registered agent as provided for in Chapter 608, ely reflect a change in the registered office address. I be been notified in writing of this change.
Division of Corporation	ns, P.O. Box 6327, Tallahassee, FL 32314

INHS18 (05/08)