

**L06000 115771**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800187901238

01/14/11--01001--002 \*\*25.00

**FILED**  
11 JAN 12 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

JAN 18 2011

**EXAMINER**

NO \$



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2011

KAREN B. TRAYLOR  
148 N TYNDALL PKWY  
PANAMA CITY, FL 32404

SUBJECT: BARRON & CO AUTO SALES LLC  
Ref. Number: L06000115771

We have received your document for BARRON & CO AUTO SALES 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.

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: 611A00000352

FILED  
11 JAN 12 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Barron & Co Auto Sales, 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:

Karen B. Traylor

Name of Person

Barron & Co Auto Sales

Firm/Company

148 N Tyndall Parkway

Address

Panama City, FL 32404

City/State and Zip Code

barroncoautosales@comcast.net

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

For further information concerning this matter, please call:

Karen B Traylor

Name of Person

at ( 850 )

913-0402

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

**FILED**  
11 JAN 12 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, 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: Barron & Co Auto Sales, LLC

2. (a) Principal office address of limited liability company: 417 N Tyndall Parkway

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

Panama City, FL 32404

(b) Mailing address of limited liability company:

417 N Tyndall Parkway

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

Panama City, FL 32404

12/27/2010

3. Date of filing/registration in Florida

L06000115771

4. Document number

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

Registered Agent:

Karen B. Traylor

Registered Office Address:

417 N Tyndall Parkway  
Panama City, FL 32404

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

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

148 N Tyndall Parkway  
Panama City, FL 32404

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.

Karen B. Traylor  
Signature of a member or authorized representative of a member

Karen B. Traylor  
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.*

Karen B. Traylor  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00