

LD7000005097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

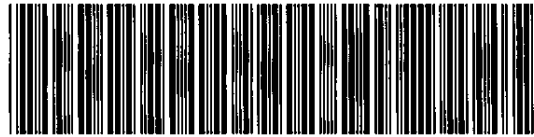
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900156385309

06/08/09--01014--009 **25.00

FILED
2009 JUN - 8 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O & S TRUCK PARTS LLL
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:

SAGI ABIRI
Name of Person

Firm/Company

971 NW 31st AVE
Address

POMPANO BEACH, FL 33069
City/State and Zip Code

Sagi.ABIRI@O&S Truck parts. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAGI at (954) 974 8355
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

2009 JUN -8 PM12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: O & S TRUCK PARTS LLC
2. (a) Principal office address of limited liability company: 971 NW 31st AVE
☐ (Note: **MUST BE STREET ADDRESS**) POMPANO BEACH, FL 33069
Pompano
- (b) Mailing address of limited liability company: 971 NW 31st AVE
☐ (Note: **MAY BE POST OFFICE BOX**) POMPANO BEACH, FL 33069
3. Date of filing/registration in Florida: June 14/2009
4. Document number: LO7000005097

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

Registered Agent: SAGE ABIRI

Registered Office Address: 971 NW 31st AVE
Pompano Beach, FL 33069

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

NEW Registered Agent: Sagi Abiri

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**) 971 NW 31st AVE
Pompano Beach, FL 33069

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.

Sage
Signature of a member or authorized representative of a member

SAGE
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.

Sage
Signature of Registered Agent

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