L07000045216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN - 9 2011

EXAMINER

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FILED

11 JUN -6 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE TRANSMISSIONS & AUTO REPAIRS COMPLETE
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:

COMPTON CLELLAND
Name of Person

ADVANCE TRANSMISSIONS & AUTO REPAIRS COMPLETE.
Firm/Company

1210 SW. 24TH ST.
Address

CAPE CORAL, FL. 33991
City/State and Zip Code

NCLELLANDS@NETZERO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COMPTON CLELLAND at (239) 288-9657.
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

INHS18 (5/08)

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: ADVANCE TRANSMISSIONS & AUTO REPAIRS COMPLETE.

2. (a) Principal office address of limited liability company: 2311 CLEVELAND AVE
FT. MYERS, FL. 33901

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

(b) Mailing address of limited liability company: 1210 SW 24TH ST
CAPE CORAL, FL. 33991

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

APRIL 27TH, 2007
3. Date of filing/registration in Florida

L07000045216
4. Document number

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

Registered Agent: COMPTON C. CLELLAND

Registered Office Address: 2311 CLEVELAND AVE
FT MYERS, FL

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

NEW Registered Agent: COMPTON CLELLAND

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
3903 DR MARTIN LUTHER KING, JR. BLVD
FT MYERS, FL 33916

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 of a member or authorized representative of a member

COMPTON CLELLAND
Printed or typed name of signee

FILED
JUN -6 AM 9:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of Registered Agent

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

INHS18 (05/08)

REPAIR ORDER

ADVANCE TRANSMISSIONS
& Auto Repairs
3903 Dr. Martin Luther King, Jr. Blvd.
Fort Myers, Fl. 33916
(239) 694-6200 MV-68785

Nº 1654

NAME			DATE
ADDRESS			
MAKE	TYPE OR MODEL	YEAR	RECEIVED A.M. P.M.
SERIAL NO	ENGINE NO		PROMISED A.M. P.M.
ODOMETER	LICENSE NO	ORDER WRITTEN BY	PHONE WHEN READY YES ☐ NO ☐
2nd AUTHORIZED NAME AND PHONE			PHONE

DSS	ISJ	LABOR CHARGE	
Lubrication	○		
Change Oil	○		
Change Oil Filter Cart.	○		
Change Trans.	○		
Change Diff.	○		
Pack Front Wheel Brgs.	○		
Adjust Brakes	○		
Rotate Tires	○		
Wash Polish	○		
State Inspection	○		

MATERIAL USED

ALL PARTS NEW UNLESS SPECIFIED U - USED R - REBUILT

QUAN	PART NO	DESCRIPTION	PRICE		WARRANTY Y / N	
		OUTSIDE REPAIRS				
		BROUGHT FORWARD				
	PARTS SAVED ____ RETURNED ____	**TOTAL PARTS**				

QUAN.	ACCESSORY NO.	ACCESSORIES	PRICE		
		TOTAL ACCESSORIES			

OPER. NO.	INSTRUCTIONS		

Estimated cost $ _____ Estimate charge _____

Basis for charge _____

IF THE ESTIMATE INCLUDES THE SALE OF NEW TIRES IT MUST STATE: "F.S. 403.718 MANDATES A $1.00 FEE FOR EACH NEW TIRE SOLD IN THE STATE OF FLORIDA." IF THE ESTIMATE INCLUDES THE SALE OF A NEW OR REMANUFACTURED BATTERY IT MUST STATE: "F.S. 403.7185 MANDATES A $1.50 FEE FOR EACH NEW OR REMANUFACTURED BATTERY SOLD IN THE STATE OF FLORIDA."

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I UNDERSTAND THAT, UNDER SOME STATE'S LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100. PLEASE CHECK YOUR STATE'S LAW FOR SPECIFIC REQUIREMENTS.

____ I REQUEST A WRITTEN ESTIMATE.

____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED _____ DATE _____

I AUTHORIZE YOU / AND YOUR EMPLOYEES PERMISSION TO OPERATE THIS VEHICLE ON STREETS OR HIGHWAYS FOR THE EXPRESSED PURPOSE OF TESTING AND OR INSPECTION

INITIAL _____

Method of Payment:

Cash ☐ Check ☐ Charge ☐

Labor:

Flat rate ☐

Hourly ☐ Both ☐

Daily storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification

$ _____

Guarantee Effective until:

Time _____

Mileage _____

TOTAL LABOR		
TOTAL PARTS		
ACCESSORIES		
GAS, OIL & GREASE		
OUTSIDE REPAIRS		
STORAGE FEE (if applies)		
TAX		
TOTAL AMOUNT		

2nd Authorized Name _____ Phone _____

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL

REPAIR ORDER

This charge represents costs and profits to the motor repair