L07000052818

ò		
(Requestor's Name)		
(Ade	dress)	
(Add	dress)	
•	,	
(0)	101 1 17: 101	
(City	y/State/Zip/Phone	€ #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Eu.	Siness Entry Har	
(Document Number)		
Certified Copies	Certificates	of Status
Consider to the same and the first	Sition Officers	
Special Instructions to Filing Officer:		

Office Use Only



200171217632

03/05/10--01011--011 **35.00



C. LEWIS

MAR 24 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2010

WALE SANYA / GARAGE PRICE LLC 6958 RAVEN CT EDEN PRAIRIE, MN 55346

SUBJECT: GARAGE PRICE LLC Ref. Number: W10000011637

We have received your document for GARAGE PRICE 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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

.

Letter Number: 410A00005704

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Garage Price 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:			
Wale Sanya Namo of Person			
Garage Price LLC Firm/Company			
6958 Raven Ct Address			
Eden Praisie, MN 55346 City/State and Zip Code			
Wale Saryas hot mail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Wale Sanya at (952) 240 - 8282 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 \$Certified Copy			
See letter dated 3/8/2010 INHS18 (5/08) \$35 Serit			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

 Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida. 	r to change its registered office or registered		
1. Name of the limited liability company: Sarage	Price LLC		
2. (a) Principal office address of limited liability company	17701 DDa a s ka C L		
(Note: MUST BE STREET ADDRESS)	Lake Mary, FL 32746		
(b) Mailing address of limited liability company:	6958 Raven Ct		
(Note: MAY BE POST OFFICE BOX)	Eden Prairie, MN 55346		
5/17/2007	L07000052818		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:		
Registered Agent:	Business Filings Incorporated		
Registered Office Address:	203 Sovernors Square Blud Suite 101 Tallahassee, FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address: Por Ti		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Lake Mary, FL 32746		
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			
AWale Sanya			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Signature of Registered Agent	7. Tallahassee, FL 32314 AFE T		
Division of Corporations, P.O. Box 632	7. Tallahassee, FL 32314		

FILING FEE: \$25.00

1