

L070000083025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATOMIC MOTORCYCLE TOWING & RESCUE 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:

THOMAS PLAIA

Name of Person

Atomic Motorcycle Towing + Rescue LLC

Firm/Company

3874 SW KAISER ST

Address

PORT SAINT LUCIE FL 34953

City/State and Zip Code

TPLAIA2428@AOL.COM

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

For further information concerning this matter, please call:

THOMAS PLAIA

954

3474311

at ()

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:

(b) 3874 SW KAISER ST

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PORT SAINT LUCIE FL 34953

L07000083025

4. Document number

5. (a)

3874 SW KAISER ST

PORT SAINT LUCIE FL 34953

FL

(b)

3874 SW KAISER ST PORT SAINT LUCIE FL 34953

3874 SW KAISER ST PORT SAINT LUCIE

FL 34953

Ten Plois

THOMAS PLAIA

Printed or typed name of signee

Thom Plaid

Signature of Registered Agent

INHS18 (2/14)