

LOT000098625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

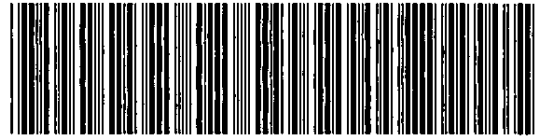
LOT-98625

(Document Number)

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TALLAHASSEE FLORIDA

N. Outigan SEP -4 2008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ST PETE 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:

ANAMARY CASTILLO  
(Name of Person)

ST PETE Auto Sales, LLC  
(Firm/Company)

4220 49 ST N  
(Address)

ST. PETERSBURG, FL 33709  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANAMARY CASTILLO at (727) 365-6999  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2008

ANAMARY CASTILLO  
4220 49 STREET NORTH  
ST. PETERSBURG, FL 33709

SUBJECT: ST. PETE AUTO SALES, LLC  
Ref. Number: L07000098625

We have received your document for ST. PETE AUTO SALES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current Registered Agent information does not match our records(see printout).The LLC cannot serv as it own Registered Agent list an individual or another active Corporation.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 608A00046354

**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: ST Pete Auto Sales LLC

2. (a) Principal office address of limited liability company: 4220 49 ST N  
 (Note: **MUST BE STREET ADDRESS**) ST PETERSBURG, FL 33709

(b) Mailing address of limited liability company: \_\_\_\_\_  
 (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

9-22-07  
 3. Date of filing/registration in Florida

L07000098625  
 4. Document number

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

Registered Agent: CORPORATION SERVICE COMPANY  
 Registered Office Address: 1201 HWY 57  
TALLAHASSEE, FL

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** ANAMARY CASTILLO  
**NEW Registered Office Address:** 4220 49 ST N  
 (MUST BE FLORIDA STREET ADDRESS) ST PETERSBURG, FL 33709

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]  
 (Signature of a member or authorized representative of a member)

ANAMARY CASTILLO  
 (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.~~

[Signature]  
 (Signature of Registered Agent)

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