

L07000110049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

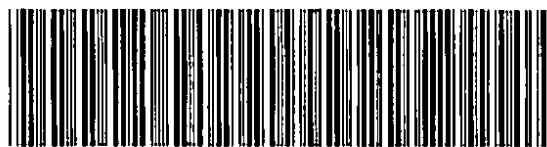
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

S. WARREN

AUG 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2017

CATHY KRAUS
356 FISH HAWK DR
WINTER HAVEN, FL 33884

SUBJECT: CAPITOL AUTO TRANSPORT, LLC
Ref. Number: L07000110049

We have received your document for CAPITOL AUTO TRANSPORT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00014745

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITOL AUTO TRANSPORT

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:

CATHY KRAUS

Name of Person

CAPITOL AUTO TRANSPORT

Firm/Company

356 FISH HAWK DR

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

CAPITOLAUTOTRANSPORT.CAT@GMAIL.COM

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

For further information concerning this matter, please call:

CATHY KRAUS

Name of Person

786

859-3057

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 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 20 PM 1:38

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

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: CAPITOL AUTO TRANSPORT

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

356 FISH HAWK DR

WINTER HAVEN, FL 33884

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

356 FISH HAWK DR

WINTER HAVEN, FL 33884

10/30/2007

L07000110049

3. Date of filing/registration in Florida

4. Document number

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

CATHY L KRAUS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1840 N 27TH CT #3

HOLLYWOOD, FL 33020

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

CATHY L KRAUS

NEW Registered Office Address:

356 FISH HAWK DR

WINTER HAVEN, FL 33884

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

CATHY KRAUS

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 605, 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