

LD8000076057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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09 AUG 19 PM 5:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metz Motor CARS 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:

PAUL Metz
Name of Person

Metz Motor CARS LLC
Firm/Company

3316 N Hwy 19-A
Address

Mount Dora FLA 32757
City/State and Zip Code

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

For further information concerning this matter, please call:

Paul Metz at (352) 383 8358
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 6, 2009

PAUL METZ
3316 N. HIGHWAY 19-A
MOUNT DORA, FL 32757

SUBJECT: METZ MOTOR CARS, LLC
Ref. Number: L08000076057

We have received your document for METZ MOTOR CARS, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 709A00027011

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: Metz Motor Cars LLC
2. (a) Principal office address of limited liability company: 3316 N Hwy 19A
☒ (Note: **MUST BE STREET ADDRESS**) MOUNT DORA FL 32757

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

3. Date of filing/registration in Florida: Aug 1, 2008
4. Document number: L08000076057

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

Registered Agent:

Registered Office Address:

Corp America
CORPORATION SERV. COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

PAUL Metz
3316 N Hwy 19A
MOUNT DORA, FL 32757

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

PAUL Metz
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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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09 AUG 19 PM 5:22
TALLAHASSEE FL