

LO8000 100611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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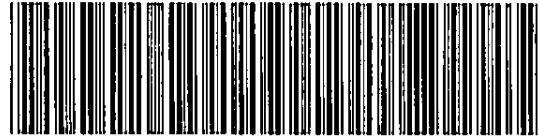
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

17 AUG 18 AM 11:38

FILED

Simmons, Octavia I.

From: jessica butt <jessicaaims7165@gmail.com>
Sent: Friday, August 18, 2017 11:37 AM
To: Simmons, Octavia I.
Subject: PETRO GROUP 27 DOC#L08000100611
Attachments: Image (6).jpg; Image (7).jpg; Image (8).jpg; Image (9).jpg



Please need to update mailing address for Petro Group 27th Avenue Llc. Doc# L08000100611. The payment was submitted with check #1004. from Marquis Bank for \$25.00. however this check was used to update mailing address for Petro Group Terminal Real Estate Llc Doc#L06000031201. which payment was submitted with check #1138. from Marquis Bank for \$35.

Thanks in advance.

Jessica Butt
Integrated Merchant Services
7165 SW 47 ST Unit 320
Miami FL 33155
305-9607005

SUBJECT: Petro Group 27th Avenue 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:

Ruben Gonzalez
Name of Person

Petro Group 27th Avenue LLC
Firm/Company

7165 SW 47 Street Unit 320
Address

Miami FL 33155
City/State and Zip Code

directfueltransport@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruben Gonzalez at (305) 960 7005
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

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DIVISION OF CORPORATIONS

1. Name of the limited liability company: Petro Group 27th Avenue LLC

2. (a) 2401 NW 30th Miami FL 33142 (b) 7165 SW 47 Street

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Suite 320 Miami
FL 33155

3. 10/27/2008
Date of filing/registration in Florida

4. LO3000100611
Document number

5. (a) Linda Roth, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2401 NW 30 AV
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33142

(b) Linda Roth, P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7165 SW 47 Street Unit 320
NEW Registered Office Address:

Miami FL 33155

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DIVISION OF CONSUMER AFFAIRS

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

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