

# L09000034193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2010 FEB 15 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 17 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GMR INDUSTRIES 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:

PRICILLA GONZALEZ

Name of Person

LAWYERAGENTS LLC

Firm/Company

4643 E. THOMAS RD, STE 9

Address

PHOENIX, AZ 85018

City/State and Zip Code

LAWYERAGENTS@4INC.COM

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

For further information concerning this matter, please call:

JAMES T. MILLIKEN

Name of Person

at ( 602 )

324-8944

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

**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: GMR INDUSTRIES LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

8710 WEST HILLSBOROUGH AVE #254  
TAMPA, FL 33615

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

04/08/2009

L09000034193

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:

Registered Agent:

FLORIDA R.A. SERVICES LLC

Registered Office Address:

10208 CUTTEN GREEN COURT  
TAMPA, FL 33615

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

**NEW** Registered Agent:

FLORIDA INCORPORATORS INC

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

8875 HIDDEN RIVER PKWY.

SUITE 300

TAMPA, FL 33637

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

Michael Oszwik

Printed or typed name of signer

*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

MARK SHANKINS, President

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

FILING FEE: \$25.00

FILED  
2010 FEB 15 AM 10:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE