

LD9000044464

Florida Department of State
Division of Corporations
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(((H14000099388 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FOLEY & LARDNER
Account Number : 07272000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ejacobs@foley.com

LLC REGISTERED AGENT CHANGE
BARRON'S WHOLESALE TIRE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0703
Estimated Charge	\$25.00

LLC RA/RO Change

RECEIVED

14 MAY 22 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 22 AM 11:34

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May 21, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARRON'S WHOLESALE TIRE, LLC
E-FILEFOLEY & LARDNER***
JACKSONVILLE, FL 32228

SUBJECT: BARRON'S WHOLESALE TIRE, LLC
REF: L09000044464

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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Tina D Carter
Regulatory Specialist

FAX Aud. #: R14000099388
Letter Number: 214A00011036

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barron's Wholesale Tire, 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:

Charles V. Hedrick

Name of Person

F&L Corp

Firm/Company

One Independent Drive, Suite 1300

Address

Jacksonville, FL 32202

City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Jenkins

Name of Person

at (904)

359-2000

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)

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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 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.

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TALLAHASSEE, FLORIDA

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1. Name of the limited liability company: Barron's Wholesale Tire, LLC Barron's Wholesale Tire LLC

(a) Principal office address of limited liability company: 1302 Eastport Road 1302 Eastport Road
Jacksonville, Florida 32228 Jacksonville, FL 32228
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1302 Eastport Road 1302 Eastport Road
Jacksonville, Florida 32228 Jacksonville, FL 32228
(Note: MAY BE POST OFFICE BOX)

05/07/2009 05/07/2009

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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: LBA Certified Public Accountants, PA

Registered Office Address: 501 Riverside Avenue 501 Riverside Avenue
Suite 800 Suite 800
Jacksonville, Florida 32202 Jacksonville, FL 32202

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

NEW Registered Agent: P&L Corp. P&L Corp.

NEW Registered Office Address: One Independent Drive One Independent Drive
Suite 1300 Suite 1300
Jacksonville Jacksonville FL 32202 32202
(MUST BE FLORIDA STREET ADDRESS)

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 member or authorized representative of a member

Richard Brown
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.

Charles V. Hedrick
Signature of Registered Agent

Charles V. Hedrick, Authorized Signatory
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00