

**LOP10000086187**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

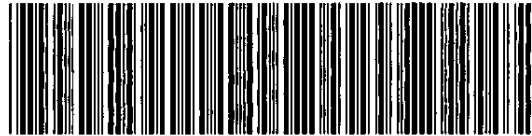
Special Instructions to Filing Officer:

**L. SELLERS**

**JAN 19 2010**

**EXAMINER**

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**FILED**  
**10 JAN 15 PM 2:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Constellation Towing & Recovery, 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:

Michael J. Cadena  
Name of Person

Constellation Towing & Recovery, LLC.  
Firm/Company

5425 Osceola Drive  
Address

Saint Cloud, FL. 34773  
City/State and Zip Code

Constellation Towing & Recovery, LLC.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Cadena at ( 407 ) 908-2873  
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

**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: Constellation Towing & Recovery, LLC.

2. (a) Principal office address of limited liability company: 7301 Gardner Street



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

Winter Park, FL 32792



(b) Mailing address of limited liability company:

5425 Osceola Drive

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

Saint Cloud, FL 34773

September 08, 2009  
3. Date of filing/registration in Florida

L09000086187  
4. Document number

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

Registered Agent:

Michael J. Cadena

Registered Office Address:

5425 Osceola Drive

Saint Cloud, FL 34773

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

**NEW** Registered Agent:

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

7301 Gardner Street

Winter Park, FL 32792, FL

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.

Michael J. Cadena  
Signature of a member or authorized representative of a member

Michael J. Cadena  
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.*

Michael J. Cadena  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
JAN 15 PM 2:30  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA