

L09000115195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

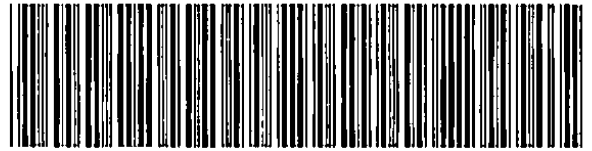
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO WAY PAVING SYSTEMS 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:

GINA VOLLMER

Name of Person

PRO WAY PAVING SYSTEMS LLC

Firm/Company

7314 NUNDY AVE

Address

GIBSONTON, FL 33534

City/State and Zip Code

GINAV@PROWAYGROUP.COM

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

For further information concerning this matter, please call:

GINA VOLLMER

813
at ()

626-4444

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: PRO WAY PAVING SYSTEMS, LLC

2. (a) 7314 NUNDY AVE, GIBSONTON, FL 33534 (b) 7314 NUNDY AVE, GIBSONTON, FL 33534

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

10/14/20

12/3/2009

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3. Date of filing/registration in Florida

4. Document number

5. (a) VOLLMER, ROBERT

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7001 GIBSONTON DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

GIBSONTON, FL 33534

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

7314 NUNDY AVE

NEW Registered Office Address:

GIBSONTON, FL 33534

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 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

GINA VOLLMER

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

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