

L10000002909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

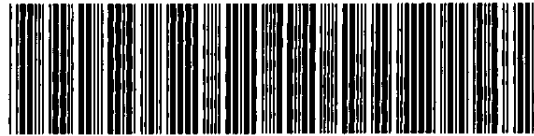
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10 MAR 26 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins MAR 29 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMC VENTURES, 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:

DOYLE M. COTTON

Name of Person

GMC VENTURES, LLC

Firm/Company

4545 CHUMUCKLA HWY

Address

PACE FL 32571

City/State and Zip Code

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

For further information concerning this matter, please call:

DOYLE M. COTTON

Name of Person

at (850)

994-8080

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

*TO: FLORIDA DEPT.
of STATE*

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: GMC VENTURES, LLC

2. (a) Principal office address of limited liability company: 4545 CHUMUCKLA HWY

☐ (Note: **MUST BE STREET ADDRESS**) PAGE FL 32571

(b) Mailing address of limited liability company: 4545 CHUMUCKLA HWY

☐ (Note: **MAY BE POST OFFICE BOX**) PAGE FL 32571

01/08/2010
3. Date of filing/registration in Florida

4. Document number L10000002909

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

Registered Agent: DANIEL P. SABA

Registered Office Address: 4557 CHUMUCKLA HWY

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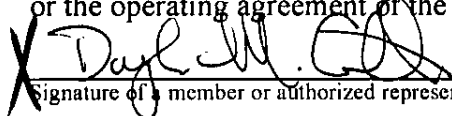
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: BASS & SANDFORT ACCOUNTANTS PA

NEW Registered Office Address: 1301 W. GARDEN ST

(MUST BE FLORIDA STREET ADDRESS) PENSACOLA, FL 32502

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

DOYLE M. COTTON

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

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

FILING FEE: \$25.00