

L100000064794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

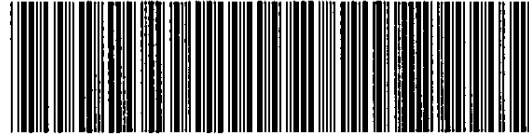
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Ride's Here 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:

Arash Mossafa

Name of Person

Your Ride's Here

Firm/Company

1742 SW Biltmore St

Address

Port St. Lucie, FL 34984

City/State and Zip Code

arashmossafa@yahoo.com

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

For further information concerning this matter, please call:

Arash Mossafa

Name of Person

at (914)

629-4148

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

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.

☒☒

INHS18 (05/08)

SEP - 8 PH12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA