

#L10000086767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

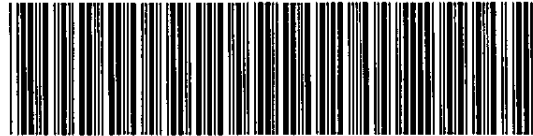
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 10 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 06 2015

June 26, 2015

BIKE WORKS OF JONESVILLE, LLC
BARRY P BULLARD
150 NW 75TH DR, STE. A
GAINESVILLE, FL 32607

SUBJECT: BIKE WORKS OF JONESVILLE, LLC
Ref. Number: L10000086767

We have received your document for BIKE WORKS OF JONESVILLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 715A00013480

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bike Works of Jonesville, 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:

Barry P Bullard

Name of Person

Bike Works of Jonesville, LLC

Firm/Company

150 NW 75th Drive, Suite A

Address

Gainesville, FL 32607

City/State and Zip Code

accounting@gobikeworks.com

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

For further information concerning this matter, please call:

Barry P Bullard

Name of Person

at (352) 331-7162

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 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: Bike Works of Jonesville, LLC

2. (a) Bike Works of Jonesville, LLC (b) Bike Works of Jonesville, LLC

Principal office address of limited liability company:

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

2300 SW 34th Street

Gainesville, FL 32608

Mailing address of limited liability company:

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

150 NW 75th Drive, Suite A

Gainesville, FL 32607

August 18, 2010

3. Date of filing/registration in Florida

~~E0000086767~~ # L10000086767

4. Document number

5. (a) Anthony D. Cousins

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

13005 SW 1st Rd., Unit 123, Newberry, FL 32669

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2300 SW 34th Street

Gainesville, FL 32608

(b) Barry P Bullard

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

2300 SW 34th Street, Gainesville, FL 32607

NEW Registered Office Address:

_____, FL _____

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TALLAHASSEE, FLORIDA

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

Barry P. Bullard

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 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